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ABSTRACT

This paper on Spiritual Well-Being provides information for leaders concerned with the problems of older people. The first four sections of the paper discuss: the need for religious organizations and society to develop and promote services and programs that will contribute to the spiritual needs of the elderly; goals proposed by previous groups and conferences; information on knowledge available in this area; and vital gaps in meeting such needs. The fifth section identifies several major issues relevant to the spiritual well-being of older people. The purpose of the issues is to focus discussion on the development of recommendations toward the adoption of national policies. A bibliography is provided. (Author/DB)

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1971

Issues

SPIRITUAL WELL-BEING

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1971 WHITE HOUSE CONFERENCE ON AGING

SPIRITUAL WELL-BEING

BACKGROUND

David O. Moberg, Ph. D.

ISSUES

THE TECHNICAL COMMITTEE ON
SPIRITUAL WELL-BEING
with the collaboration of the author

Hess T. Sears, Chairman

White House Conference on Aging
Washington, D.C. 20201
February 1971

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FOREWORD

This paper on Spiritual Well-Being provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration and of delegates to the national White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

The first four sections of the paper discuss: the need for religious organizations and society to develop and promote services and programs that will contribute to the spiritual needs of the elderly; goals proposed by previous groups and conferences; information on knowledge available in this area; and vital gaps in meeting such needs. These sections of the paper were prepared for the Conference by David O. Moberg, Ph.D., Chairman, Department of Sociology and Anthropology, Marquette University, with guidance from the Technical Committee on Spiritual Well-Being.

The fifth section of the paper identifies several major issues relevant to the spiritual well-being of older people. The issues were formulated by the Technical Committee on Spiritual Well-Being for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the spiritual needs of the older population. The proposals and recommendations developed in community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the National Conference in their effort to formulate a National Policy for Aging.

Arthur S. Flemming
Chairman, National Advisory Committee
for the 1971 White House Conference
on Aging

John B. Martin
Special Assistant to the President
for the Aging and Director of the
1971 White House Conference on Aging

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I. INTRODUCTION—THE NEED

> . . . **only human beings are religious.** Things are not, nor animals. . . . However much we may be related to animals, we are not related in religion. The religious aspect is also one which is closely interwoven with what is human in our treatment of the aged (Proceedings, 1968, p. 11).

These words by Dr. Don H. Gross, Executive Director of the Pittsburgh Pastoral Institute, summarize an observation made by many who have attempted to identify the characteristics which differentiate man from other forms of life. Whatever else man may be, he is homo religiosus, a religious being.

To assume, however, that everything "religious" is therefore also "spiritual" or vice versa is a serious fallacy, despite the frequency and social respectability of its use. The concepts overlap, but they are not synonyms.

A. THE NATURE AND SCOPE OF "THE SPIRITUAL"

A wide range of human experience has been labeled as "spiritual" or as being an aspect of man's "spirit." These experiences include esthetic thrills, satisfaction with achievements, adjustment to oneself or to others, feelings of self-respect and human dignity, that which pertains to the unknown future, happiness, elation, gregariousness, empathy and sympathy, morale, mental health, optimism, sexual orgasm, a feeling of identity with Nature, and experiences induced by psychedelic drugs. When the concept is applied to all "wholesome" social relationships, ecstatic experiences, and healthful psychological conditions, it tends to cover so much that it becomes meaningless, incapable of differentiating between that which is "spiritual" and that which is not.

"The Spiritual" has a non-objective referent which cannot be studied directly by conventional scientific procedures even when its scope is specified more precisely, as will be clear upon further exploration of its meaning. For example, in his effort to penetrate "beneath the obvious outward things of religion and get down to the spiritual needs themselves," Bollinger (1969, pp. 49, 50-51) stated that:

> spiritual needs are the deepest requirements of the self, which, if met, make it possible for the person to function with a meaningful identity and purpose, so that in all stages of life that person may relate to reality with hope.
>
> Please note there is a distinction here between "spiritual" and "religious." While not necessarily opposites, they are not synonymous. A spiritual need may be met by a religious act, such as praying or receiving Holy Communion, but many spiritual needs are met by warm and sympathetic human relationships. Often a spiritual need is best met by dealing with a physical need.
>
> . . . We believe that something is wrong with any society in which every age level is not clearly of meaning and of value to that society. The spiritual needs of the aging really are those of every person, writ large: the need for identity, meaning, love, and wisdom.

Note that his definition encompasses areas of social and psychological adjustment which conventionally have been interpreted as outside the scope of the spiritual ministries of religious organizations but which nevertheless have been latently present in their programs and

activities. Now, however, there is a conscious tendency among churches to incorporate explicitly many personal and social services far beyond the scope of "the care of souls" of traditional religious institutions. The inclination to orient the churches' ministry

> more toward social service and less toward spiritual-religious experience than in the past . . . grows out of a growing awareness in contemporary theology that all of life is sacred, and that therefore social service is at the same time spiritual service when it derives from the desire to act out the love of God (Robb, 1968, p. 99).

This broadening of the scope of religious services by many clergymen and congregations is a part of the larger pattern of social change in our society and constitutes one focus of the tensions and conflict between traditionalists and innovators in Christian churches. (This problem is less evident in Jewish synagogues because Judaism has a much broader traditional concept of the scope of spirituality and has always included social concern as a direct aspect of it.)

Various descriptions of the spiritual emerge from the work of theologians, and each school has its own. The spiritual is variously interpreted as the realm of faith, revelation, illumination, and insight, in contrast to the realm of phenomena which are empirically observable by man through his senses. Since the spiritual represents the totality of commitment—the total man-God relationship which sensory experiences reflect only in part—it transcends the boundaries of the social sciences. Covering man's "ultimate concern," the spiritual is "the meaning-giving substance of culture" (Tillich, 1959; cf. Stough, 1965). It incorporates the totality of human value-orientations and is the "invisible religion" (Luckmann, 1967) that lies behind man's religious beliefs and practices, goes beyond them when they become frozen into rigid traditional forms, and is not recognized by those who seek religion only in churches. In his analysis of the "sociology of the supernatural," Sturzo (1947) referred to the importance of the supernatural as the essence of the religious life, which is the "true life" behind that which is outwardly lived in relationship to others:

> The supernatural is not made a separate section of social life, something juxtaposed to the natural, which individuals may accept or reject at will. In studying society in its complex wholeness, in the concrete, it is found to exist within the atmosphere of the supernatural . . . (p. 17).

Since the natural and the "supernatural," or spiritual order, meet in man, even he who denies the supernatural root and branch of the religious life in a search for purely natural explanations of religion is involved with a "sociology of the supernatural" in a negative sense (Sturzo, 1947).

That man is a spiritual being cannot be proven through laboratory experiments or other scientific investigations. The evidence is intangible, residing in the realm of human intuition, insight, introspection, and experiential evidence of the sort sociologically admissible only in the context of a verstehende methodology. Among the indications that support the conclusion that man is essentially spiritual at the core of his being are the centuries of human experience reflected and recorded in the Bible and other sacred writings, the autonomous nature of man as a being with a capacity for decision-making, analogies to the nature of life (something far more than the totality of the identifiable parts of a biological organism) and the "other minds" problem of philosophy, the ability of man's spirit to transcend the matter of the material world through self-consciousness, the contrast between "knowing a person" and knowing facts about him, the possibly universal desire of men for an all-encompassing concern or ultimate commitment as an object of personal loyalty, and the contrasts between objective and subjective reality. This testimony at present is not directly susceptible to empirical social science research, but to ignore these indicators is to imprison the "spirit" of man in a three-dimensional scientific universe of space, time, and matter (Moberg, 1967).

The assumption that there is nothing supernatural or spiritual is just as much a metaphysical faith as the assumption that there is. The theological predicament—that every ultimate conception of reality, every basic Weltanschauung, rests upon postulates and convictions which are not self-evident but are analogous to that of God's revelation for Christians upon which the whole structure rests—is common to all people, not only to those who accept recognizably theological presuppositions (McCoy, 1964). For this reason, "Social reality demands reference to spiritual reality, to the mystery of being" (Morris, 1964, p. 171).

Lying at the heart of the meaning—giving center of human life, the spiritual realm of man's nature has special relevance to values. This spiritual realm gives rise to the ethical principles which help to guide the geriatric professions and other aspects of care of the elderly. The lack of social policy for the aging leads to the inability to set priorities, and thus preventing unanimity of action. As Kent (1969) has indicated, the formation of policy is therefore fundamentally a moral issue. Spiritual issues, which lie behind the moral ones, hence are the crux of the entire problem of public policy recommendations.

In summary, we shall consider "the spiritual" as pertaining to man's inner resources, especially his ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or nonreligious—which guides a person's conduct, the supernatural and nonmaterial dimensions of human nature.[1] We shall assume, therefore, that all men are "spiritual," even if they have no use for religious institutions and practice no personal pieties. The most appropriate dictionary definitions of "spiritual" as used in this paper are these:

> *adjective:*
> of or pertaining to the spirit or soul, as distinguished from the physical nature: a spiritual approach to life.
> of or pertaining to the spirit as the seat of the moral or religious nature.
> of or pertaining to sacred things or matters; religious; devotional; sacred.
> *noun:*
> a spiritual thing or matter (Urdang and Urdang, 1967, p. 1372).

B. THE NEGLECT OF THE SPIRITUAL

The spiritual, then, is seen as the source of life, enabling and sustaining values in society, providing the philosophical orientation to all of life, and touching every aspect of human conduct. Given this broad scope, we must ask why the spiritual does not receive greater attention in geriatric education, social and behavioral science research, preventive and therapeutic care of the aging, and gerontological theory?

One reason, of course, is the self-fulfilling prophecy that results from presuppositions of the leaders of these activities. Assuming the spiritual to be unimportant, they ignore it in their work. Since it is ignored, its relevance is not discovered, and "the religious factor" appears to be insignificant and even, for some, becomes tabooed as a topic for investigation.

Certain historical facts in the development of the United States have also contributed to neglect of the spiritual. Interpretations of the heritage of separation of church and state and the accompanying civil right of religious liberty have hindered the application of governmental funds for research on directly "religious" subjects lest one religious group or perspective be benefited at the expense of others. The desire of scholars to avoid charges of prejudicial behavior in relationship to religious subjects and the difficulty of maintaining a reasonable balance of objectivity in the emotionally-laden subject field have kept many social scientists away from research on the spiritual.

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[1] Notice that it is not our intent to provide a theological treatise on the subject.

More important, however, is the difficulty of studying man's spiritual nature and needs by strictly scientific procedures. The spiritual in man is invisible and, as indicated above, not directly susceptible to study by currently available methodological tools and techniques of the social and behavioral sciences. Theoretical analyses based upon the verstehende approach, which emphasizes sympathetic understanding and intuitive insights about the internalized aspects of personality and the social self, are easily distorted by ideological biases, emotional hangups, and psychological barriers to balanced interpretations of the subjective and intrinsic aspects of man's nature Such analyses therefore tend to be received with contempt or disdain by scientifically-oriented people.

Despite these difficulties, a beginning has been made. For example, at the Menorah Home and Hospital and its Geriatric Guidance Clinic in Brooklyn, psychiatric probes of "the inner space of man" have proven very helpful in improving the lot of numerous people past the age of 60. This "inner space" is "a synthesis of multiple systems. We mean man's mind, heart, soul, spirit, and inner life" (Loomer, 1969, p. 406). The focus is upon the psyche, not the soma. Yet treating the emotional and mental problems, which are major components of the spiritual, has an impact upon the body as well.

The close linkage of religion with the spiritual in the popular mind has led many "nonreligious" persons away from a conscious recognition of the role of the spiritual in human life. If they deal with it at all, they make an equally erroneous attempt to separate it completely from religion as if there were no overlap between religion and the spiritual aspects of man's nature.

Indeed, many "religious" people have similarly been led away from traditional expressions of spiritual life as they have moved toward a

> higher spirituality of the subjective ego, gained by continual self-examination, which can no longer be finally identified with any objectivised truths which have become concrete and unequivocal.
>
> . . . The results of the reflective spirituality of modern consciousness . . . go as far as a radical rejection of religion in its traditional form altogether. Hammelsbeck, a pupil of Bonhoeffer, speaks even of an "end of the Christian religion," emphasizing that very split between the religious maxims and relics of religion, which are objectively exhibited in the world, and the gospel of continual direct and ever-present encounter with Jesus Christ. Simone Weil, a believer of no fixed confession, writes: . . . "The supernatural is light; if one objectifies it, one debases it" (Schelsky, 1969, pp. 422, 423).

The fact that certain minority religious groups believe such change is moving closer to the essence of Christianity does not vitiate the fact that conventional interpretations of and approaches to spiritual facts are undergoing radical change.

When senior citizens are asked about their concerns, they typically mention tangible material needs like income, health services, transportation, housing, the burden of taxes, and leisure-time activities. The complexity of the spiritual component of man, its intermingling with every other aspect of human life and behavior, its identification as a "private" area, its numerous dimensions and implications, and the tendency to relegate it to a few religious institutions and professions are among the reasons why it seldom appears in positions of high priority on lists of the major needs of the aging.

C. THE SCOPE OF THE SPIRITUAL IN THIS PAPER

It will be impossible to include in this paper a thorough analysis of everything that pertains to the "spirit" of man. Its scope would then encompass the totality of human behavior, for the spiritual is interwoven with every other aspect of man's life. A philosophy of life lies, consciously or unconsciously, behind all human attitudes, relationships, and actions. It

influences and is influenced by everything else that involves man, for man is a whole being who can be divided into parts only analytically and academically. In this respect, everything is spiritual! By the same token, because it is not possible to identify any clearly isolable "spiritual" segment of man that can be observed empirically, it also can be said that nothing—i.e., no tangible phenomenon—is clearly spiritual.

In our discussion we will attempt to deal with that which is closest to the central nature of the spiritual. We will arbitrarily omit in-depth discussion of certain topics that are covered in other background papers. (The greatest overlap occurs with the papers on mental health by Dr. Alexander Simon and on retirement roles and activities by Dr. Gordon F. Streib. Other aspects of the subject, although not using the word "spiritual," will be found in portions of all the other papers.)

Although morality and ethics are often interpreted as part of the spiritual (as indeed all human values are), we will not attempt to analyze them. They will be very obviously present as part of the background assumptions reflected throughout, but especially in our discussion of needs, services, and issues.

It may appear to a few readers that undue attention is given to religion and religious needs in this paper. In part, this is deliberate. The majority of people who today are in their later maturity grew up in an era in which man's spiritual needs were very closely identified with organized religion and its activities. When they sense that certain of their personal needs are at root spiritual, they are inclined to turn to their ministers, priests, or rabbis and to their churches or synagogues to satisfy those needs. Perhaps future generations will be different.

A second reason for concern with religious groups in this paper is that specific concern for spiritual welfare has been delegated to them more than to any other institution in our highly differentiated and specialized society. We do not intend to imply that everything done by religious bodies automatically ministers to spiritual well-being. Strong pressures demanding renewal of the churches are a result of actual or alleged failures to meet such needs.

Our discussion will reveal that many spiritual needs are met in families, mental health clinics, educational programs, recreational and leisure-time activities, and by the helping professions. It also will be evident that many activities and programs of religious institutions are not oriented directly toward meeting spiritual needs. Yet since a higher proportion of activities of typical religious bodies are directly and avowedly related to the spiritual well-being of man than is true of the other major institutions, it is appropriate to give these bodies specific, although not exclusive, attention.

D. SPIRITUAL NEEDS AMONG THE AGING

In her perceptive column, "On Being Black," Sandra Haggerty (1970) recently reported that the number of churches in the black community is equaled only by the number of liquor stores. At the close of her analysis of parallel activities and functions of the two types of organizations, she concluded that whether liquor stores followed the churches, providing solace for sinners who could not relate to the religious bodies, or preceded them, providing clients to wrest away from the devil, "it looks like both establishments will continue taking care of our spiritual needs."

This illustrates an important point: Spiritual needs are not satisfied solely within the context of organized religious groups. Indeed, many of them may be fulfilled in functional equivalents that ordinarily are interpreted as being quite contrary to churches. This has always been the case, but it may be even more true today than in recent past generations. As Professor Matthes (1964) put it, religion has emigrated out of the churches. We live in a new spiritual climate, one in which new forms of spiritual activities are found in a wide range of institutional and noninstitutionalized contexts. The very newness of the spiritual dimension becomes a source or context of spiritual need for people in their later maturity.

1. Sociocultural Sources of Spiritual Needs

Partly as a result of rapid social change, our culture is strongly oriented toward the values and characteristics of youth. This, together with the lack of clearly defined roles for the elderly, accentuates the problems of the aging (Roemer, 1969). The elderly are compelled by society to disengage themselves from work and other social relationships to such an extent that

> the central theme of aging, in our culture at least, could be summarized as that of a series of losses. There is loss of physical faculties, such as acuity of vision and hearing; there is loss of one's instrumental role in society through more or less compulsory retirement; there is loss of prestige because of loss of mastery; there is loss of authority with one's children who have become authorities in themselves and there is loss of close ties with loved ones because of death; there is more frequently than not, loss of income and hence, loss of many of the luxuries which one was able to afford before; there may be a loss of home and freedom; and there is, finally, loss of an everlasting future on this earth, in which one can undo what one has done and in which one can still do what one has failed to do so far (Ujhely, 1968, pp. 25-26).

Similar impressions are conveyed by Thompson's (1969) analysis of what it means to be old. He fluently described being old as meaning more time alone, neglect, a back seat, less money, giving up many things, loss, accepting help from others, facing death, the threat of illness or disability, being frightened, accepting past failures and realizing that much of one's record of life is in, trying to figure out what one's life has meant, figuring out what you want to get done before you die, more time and greater freedom, greater importance than ever in getting along with other people, and more demand upon inner resources. To those who are "prepared for it by good health, energy, sufficient money, an adventurous spirit, an acceptable disposition, and the capacity to invest themselves," (Thompson, 1969, p. 24) it may also mean a time of high adventure. But such people still need one another and their families, even if they do not need psychiatrists. To cope successfully with the losses and problems of old age necessitates increased demands upon "strong inner resources. These are worth cultivating as part of preparation for old age. But inner resources must be cultivated and attended to for years, like saving money" (Thompson, 1969, p. 24).

Cultural forces accentuating the spiritual problems and needs of the aging are evident also within religious institutions. Symbolic sources of security are pulled away when tradition-hallowed customs are eliminated and dogmas once linked closely with spiritual virtue are changed. Roman Catholicism during the 1960's has provided an outstanding example of this as the language of the Mass was changed from Latin to the vernacular, rules against eating meat on Fridays were relaxed, many saints lost their sainthood, and in some churches statuary and paintings were removed from places of eminence and guitars replaced organs as musical instruments. Many mature adults have been disturbed when clergymen, attempting to be socially relevant and "contemporary" in their homilies and sermons, have preached about current affairs and social problems instead of giving direct expositions of theological doctrines and Bible passages (Hadden, 1969; Glock, Ringer, and Babbie, 1967).

The generation gap prevails in our society not only between youth and adults but also between adults and their elderly parents (Samuels, 1970). Discrimination against the aging is evident on many levels, frequently subtle.

> Age-ism toward the old now takes many covert forms, as witnessed by the pervasive pattern of attitudes that make us slow in providing meaningful roles for older people and in raising their status as an age-group; by the small percent of the welfare dollar that is spent for services to the aged; and even by the fact that

> research on aging is so slow to develop in both the biological and social sciences (Neugarten, 1969, p. 449).

The presence of discrimination against the elderly also has been noted in studies of many professions (Leake, 1969; Bennett, 1967; Oberleder, 1966), including clergymen (Maves and Cedarleaf, 1949, pp. 27-29; Gray and Moberg, 1962, pp. 33-36).

As a result of these cultural conditions, gerontophobia (Bunzel, 1969) is widespread. Many people of all ages fear aging and hate the aged. ". . . prosperity makes us resent and fear death and the humiliation of aging more than ever before" (Comfort, 1969). The anxiety related to aging accentuates the anxiety general in society:

> Speaking figuratively, our spiritual atmosphere is polluted by anxiety, which permeates all domains of life, and which is partly responsible for the alienation of a great many and for increasingly aberrant social behavior (Jedrzejewski, 1969, p. 41).

The elderly, living "in the country of the young," are not, as in some stable preliterate cultures, cherished and revered. No longer can it be said that "the past of the adults is the future of each new generation," but the aged instead are "a strangely isolated generation" who are the carriers of a dying culture (Margaret Mead as quoted by Brine, 1970, p. 49; cf. Simmons, 1945). In a society in which the knowledge, if not also the wisdom, of one generation is outmoded by the next as a result of rapid social, scientific, and technological development, the knowledge based upon education and experience which is adequate for one era is antiquated and outmoded for the next. As if that were not indignity enough, folk wisdom and knowledge based on earlier experience is obsolete even for the aged themselves.

> One consequence of the speed of change is that the values, habits, and behavior learned in their youth by older people are no longer the ones they are expected to have in the society in which they are now living (Tibbitts, 1963, p. 1134).

The success of the medical sciences in combatting and controlling so many of the causes of death earlier in life has contributed to great increases in the aged population. The scope of need is accentuated also by rigid retirement rules which prohibit healthy elderly people from working until the day of death, resulting in accompanying reduced incomes during the period of life in which such reductions curtail social and recreational activity and participation in civic and community affairs. As society has shifted from a pattern of assigning status on a simple ascriptive basis to assigning it on the basis of achievement, the possibilities of attaining and retaining social recognition are reduced among the aging, and all the more so as achievement is defined in terms of one's work, the very activity which many are denied by industrial regulations insisting upon stepping down at a prescribed age.

The experiences and problems of spiritual well-being spill over from and into all other realms of life activities. Philip L. White, Secretary of the Council on Foods and Nutrition and Director of the Department of Foods and Nutrition of the American Medical Association, has indicated that food is associated with love, so when an older person feels rejected, shut out, unloved, and socially isolated, his eating habits are affected. He begins to subsist on "toast and tea," loses weight, and ultimately winds up in a hospital or nursing home (Dewey, 1970).

Senility is frequently, if not always, a consequence of social relationships and external stresses which produce anxiety and overtax the older person's ability to function (Oberleder, 1969). Psychosomatic ailments are widespread among the elderly, even though they frequently are not diagnosed as such because of the assumption that the conditions are inevitable consequences of aging. The personal habits of some aged people which make them revolting to others can similarly be traced to problems of social relationships (Gray and Moberg, 1962, pp. 29-33).

Society thus exacts a heavy toll of "spiritual fatigue" (Koeberle, 1969) among the aging as a result of these and similar discriminatory features built into the social system. Nevertheless, as Professor Herschel indicated in his paper at the 1961 White House Conference on Aging, the basic spiritual ills of old age—the sense of being useless to, and rejected by, family and society; the sense of inner emptiness and boredom; loneliness and the fear of time—are not problems of the aged alone but are linked with all age levels and all of society.

We must seek ways to overcome the traumatic fear of being old, prejudice, discrimination against those advanced in years. . . . The effort to restore the dignity of old age will depend upon our ability to revive the equation of old age and wisdom. Wisdom is the substance upon which the inner security of the old will forever depend. But the attainment of wisdom is the work of a lifetime.

Old men need a vision, not only recreation.
Old men need a dream, not only a memory.
It takes three things to attain a sense of
significant being:
God
A Soul
And a Moment.
And the three are always here.
Just to be is a blessing.
Just to live is holy (Herschel, 1961, p. 9).

2. Relief from Anxieties and Fears

A substantial proportion of the population past the age of 65—over fifty percent of some sub-samples—reveal symptoms of psychological anxiety, and many more experience physical anxiety (Riley and Foner, 1968, p. 388). A smaller percentage of the aged than of younger adults is happy, but the frequency of worrying does not seem to reveal a complementary increase with age (Riley and Foner, 1968, pp. 342-44). Many of these fears are grounded in tangible circumstances, like financial problems, housing, health, but others relate to the fear of uselessness, of the loss of social contacts, and of death (Williamson, 1953).

Psychologist Oberleder (1969) believes that the anxieties and losses suffered by the aged are the underlying cause of all senile symptoms. Forgetting is a handy way to tune oneself out of a totally unbearable situation. Confusion blots out reality, and delusions defend the elderly just as they do persons of other ages. Indeed, many of the elderly have

> a hidden toughness which is difficult to assess. To hide this toughness they don the strong armor of sickness, rendering themselves invulnerable to the slings and arrows of domestic warfare. The employment of social therapeutics in a group setting encourages them to shed their armor. . . (DeLargy, 1960, p. 339).

One of the major tasks of the religious institutions has been to cope with human fears and anxieties, providing comfort, hope, assurance, love, sympathy, and other forms of spiritual support for those who are fearful. "The care of souls" and the specialized tasks of clinical or pastoral psychology among the clergy are oriented considerably in the direction of meeting this need. The empathic listening of nonprofessional friends, participation in group activities in which warm interpersonal relationships prevail, confidence of having "right" relationships with man and God, reminiscing about the past in a process of introducing order and meaning to one's total life, and many other personal and social activities can help to alleviate anxieties.

3. Preparation for Death

Most older people think about death, but few reveal any marked fear of it in questionnaire and interview surveys (Riley and Foner, 1968, pp. 332-36; cf. Lieberman and Coplan, 1969). Yet there may be a basic, underlying "existential anxiety" concerning one's own inevitable death, and many are fearful of the "pseudolife of idleness and uselessness in old age" more than of death itself (Berman, 1966, p. 192).

> Though the Christian cannot help feeling, along with Newman's Gerontius, an apprehension in facing the final Judge, who also expresses absolute perfection, neither he nor the humanist is so much afraid of the fact of death as of the means of dying and this last medicine surely can, and indeed has, modified considerably for the better (Walker, 1968, p. 307).

The wide variations in the social meaning of death have not been systematically explored. Psychiatrist Wedge (1965, p. 648) observed that the meaning must be greatly different in an Arab village in which he once stayed from its typical meanings in the United States, for upon parting everyone said, "We will meet again in sha'lah—if it be the will of God."

Feifel (1965, p. 655) has observed that Western man essentially reflects two dominating outlooks toward death:

> (a) the carpe diem strategy—"if you don't get it now, you never will"; and (b) some form of religious orientation—the view that this life represents the only opportunity we receive to determine whether it is "thumbs up or down" for us in the world to come.

In contrast to this "one-shot" interpretation of earthly existence is the Oriental view of "a succession of existences to define his end-result. In consequence, he tends to approach death with a less jaundiced eye" (Feifel, 1965, p. 655).

Christian references to death as "being asleep in the Lord" may be interpreted as a form of evasion of the subject or else as paralleling St. Paul's statement "For me to live is Christ, and to die is gain" (Philippians 1:21). If Christian commitment has led to an intrinsic identification of self with God, the perspective toward death undoubtedly is greatly different from that of the person who has only extrinsic connections with a religious group and who focuses more upon the fear of a future judgment than upon rewards in a life beyong the grave. For those to whom death is the ultimate end of existence instead of a transition to another life or for whom immortality consists of descendants or the products of one's work, death and dying must have different meanings from those of persons whose views correspond more closely to orthodox Christian doctrines.

The decline in the authority of traditional religious beliefs and in the attention given to the ceremonial and symbolic aspects of death led Carstairs (1967, p. 8) to conclude that for most people

> instead of trying to answer the ultimate questions, they have simply tended to postpone or ignore them. As a result, when death does come, it tends to catch us more than ever unprepared. Recent research has shown that bereavement, if not adequately coped with, can seriously affect the mental and physical health of the survivors . . . .
>
> Among all the ways of dealing with death, the one most surely doomed to failure is the attempt to ignore it.

We live in an age of significant change in the conceptions of dying (von Ferber, 1970). As Hinton (1967, p. 40) reminds us,

> Individual fantasy of the after-life appears to hold greater sway than religious teaching. Although this means that during life fewer fear the possibility of eternal hell after death as a deserved punishment for sinful ways, equally the religious belief that this life is a preparation for the next has been diluted almost out of existence. Increasingly few, it seems, are protected from the fear of death by the belief that it is not an annihilation, but the beginning of a fuller life (Hinton, 1967, p. 40).

The problems associated with death are not alleviated by the efforts of substantial proportions of the population to refuse to face up to the reality of death and to attempt to remove all personal responsibility for funeral rites. According to Wallace and Townes (1969, p. 331), our culture tends to equate death with punishment and failure, viewing it as a thwarting of the struggle for ultimate supermacy in an activity orientation that seeks mastery over nature. As a result, death is the source of anxiety and fear, and strenuous efforts are made to disguise it (Mitford, 1963; Brown and Buchanan, 1967; cf. Vernick, n.d.).

An unconscious fear of death is also associated with the tendency of many in the helping professions to avoid the elderly and the dying (Kazzaz and Vickers, 1968; Pearlman, Stotsky, and Dominick, 1969) and with the effort to prolong life as much as possible even for elderly persons stricken with incurable diseases. Such efforts in many instances may constitute prolongation of the act of dying more than prolongation of life as such (Williamson and Ried, 1967). The ethics of such activity need much more careful attention than has been given by most medical men and other professionals (cf. Walker, 1968). Perhaps the right to die will eventually be recognized as a part of the inalienable rights of man.

> It breaks no unalterable Christian law, if, on the principle of loving his neighbour as himself, a doctor allows a person to die. He can comply with God's will that a patient die. Each case has to be judged on its own merits . . . (Hinton, 1967, p. 141).

Spiritual preparation for death is related to the material problems that need attention at the end of life (wills and estates, provision for medical bills and funeral costs, etc.), but it is especially concerned with the psychological and emotional adjustments of viewing one's own death as the appropriate outcome of his life. Seen as a developmental task of the last stage of the life cycle, "Death is then not the submission to a blind fate, but the acceptance of life's end in terms of its fulfillment" (Verwoerdt, 1969, p. 119). Recognition of the salutary consequences of death can be a significant aspect of one's spiritual development (Feaver and Boyd, 1970).

As the elderly contemplates death, they sometimes give up hope, announce that they are useless, hopeless, and waiting only to die. The only appropriate response found by Berman (1966, p. 192) and his associates for such geriatric patients is, "What are you going to do in the meantime?" Spiritual well-being of the aging necessitates preparation for life in the midst of preparation for death (Feder, 1965, p. 622).

4. Personality Integration

The elderly who have psychiatric disorders are often characterized by feelings of loneliness, being unwanted, loss of self-respect and usefulness, insecurity, and a lowering of standards of mental activity, cleanliness, and sociability. Assistance necessitates a multi-disciplinary approach to the total personality because the problems are so complex. If the

elderly can be given something to retire to, not merely retiring from something, their adjustment will be facilitated (Wolff, 1967; cf. Davidson and Kruglov, 1952).

Persons who have been absorbed in their work and have not been prepared to retire to new interests, hobbies, and associations, or fuller pursuit of old ones, may become restless, dissatisfied, worried, concerned, and compulsive over trivial matters; lonesome because of a declining circle of friends and acquaintances; moody, depressed, irritable, jealous, sensitive, suspicious, introspective, and more religious and philosophical than they were before (Clow and Allen, 1953). "If the aged person is to perform as a useful and happy person, he must have learned his adjusting mechanisms much earlier" (Clarke, 1952, p. 20).

Wholesome integration of the personality is related to every other aspect of well-being. It is a spiritual need greatly influenced by the same factors as are mentioned in the other sections of this paper. One of the most effective ways of promoting such integration is to engage in constructive activities on behalf of others. Many of these can be on the level of tangible spiritual ministries, like volunteering time to help relatives, friends, or volunteer service projects. Others may be on the level of less obvious services, like being a good listener to the problems and shared experiences of others and praying for people who are experiencing needs of any kind.

5. Personal Dignity

It has been claimed that "people die of damage to their dignity as often as they die of medical causes" (McRoberts, 1970). The social alienation of the aged is one of the greatest problems of gerontology (Kent, 1966). While it may appear to represent a voluntary withdrawal from others and is associated with hostility, aggression, and depression, alienation often is a consequence of the treatment of the aging by others. Personal and social integration or the lack thereof are closely related to each other in patterns of mutual reinforcement. Isolation which develops late in life is linked much more closely with mental disorders than an isolation which has been lifelong (Lowenthal, 1964; cf. Lystad, 1969, pp. 59-63).

Personal integration of the self is always related reciprocally to one's relationships to other people, and self-concepts are formed through a symbolic process of social interaction with others. One's sense of personal worth reflects his roles in society, especially those formed through work and honorific positions attained as an acknowledgment of some form of usefulness. With the loss of work at retirement and typically a gradual reallocation of responsibilities in social organizations and institutions to younger persons, many aged people feel squeezed out, unwanted, and useless. Their sense of personal worth thus undermined, they may decline in mental and physical health, dying of damage to their dignity.

The Biblical adage that man does not live by bread alone is very real to the aged person, "since what he longs for most of all is the preservation, respect, and dignity of his personality" (Savitz, 1967, p. 203). Persons who are the most strongly bound by ethnic, cultural, and religious ties are the least likely to feel isolated, abandoned, and hopeless when they are patients in nursing homes. Their culturally determined behaviors assist them to withstand the identity-shattering experience of entering an institution (Dominick and Stotsky, 1969).

Because age is not interpreted in American values as creating the right to be dependent, one must endeavor to remain independent while growing old. Deriving from the high importance placed upon work, this value leads society to treat as useless, obsolete, or reprehensible those who cannot do productive work.

> For many elderly persons, therefore, the alternative to much degrading treatment is the maintenance of a fiction of independence behind a facade of "inviolable selfhood." The price of this fiction is often loneliness and isolation, fear and despair (Robb, 1968, p. 30).

In his summary of diverse statements of basic human needs that have been identified by various social and behavioral scientists, Robb (1968, p. 73) states:

> that self-realization is a primary focus of need for adults, and is the key to other needs for recognition, affection, and social approval, especially for older adults who may be deprived of other ways of meeting these latter needs. But self-realization will mean something different for each person . . . Thus, independence and self-reliance must be seen as the key components of successful aging.

It may appear at first glance that those perspectives are contrary to each other, the one indicating the lack of sanction for a dependence that is often necessary and the other the need for independence of older adults in our society. The references, however, are to different aspects of independence. Many elderly people are robbed of their freedom of choice and self-determination of their own destiny by well-meaning children who commit them to institutions when it is not absolutely necessary to do so, and cultural forces push them about or shove them aside like machines serving the values of the marketplace until they are outmoded by more recent models. Such conduct, even when sanctioned by cultural norms, can hardly be labeled as morally right in the light of higher spiritual values.

To this need comes a clear spiritual answer. The Judeo-Christian religion strongly affirms the dignity of all human beings in its affirmation that man is higher than angels, created in the very image of God Himself. Out of his extensive experience in geriatric medicine, Rudd (1958, p. 6) has indicated that what the aged person most needs

> is reassurance about his sense of personal unworthiness and the likelihood of God's pardon for sin. Sympathetic attendants who recognize this need can be the first step in bringing comfort.

6. A Philosophy of Life

Dr. Robert N. Butler, a geriatric psychiatrist who is a consultant at the National Institute of Mental Health, has observed that many older people "become quite interested in man's relationship to man and to the world at large and in the meanings of one's life and relationships. . . . such questions can be thought of as essentially religious" (1964). As the losses and disruptions associated with aging become increasingly evident, the stresses of adaptation also increase. The personal meaning or psychological significance of these losses is at least as important as their incidence or number (Perlin and Butler, 1965).

The mental images and internalized interpretations of the nature and meaning of their own situation, as well as of life itself, are obviously influenced both by external experiences and social relationships and by the internalized worldview that is the result of lifelong learning and development. In efforts to answer such questions as "Why am I?" and "What is the meaning of my life?" man is coping with the very essence of his own existence. These questions tend to be most prominent during adolescence and senescence. If during adulthood one has not sought consciously for a unifying principle to give meaning to the entire span and scope of his life, the individual is likely to turn in that direction during the later years. Reminiscing is a major aspect of that search; in reminiscence there is an attempt to see one's life as an integrated whole, thus giving it new meaning and integrating the personality (Butler, 1963; Lipton and Olstein, 1969).

For many, if not most, interpretations of death as well as of life are a part of this search for meaning. Spiritual values provided by the general culture and the specific subcultural groups to which a person belongs greatly influence this aspect of the individual's philosophy of life. In the context of the Christian faith, for example,

> The theology of death, . . . in spite of the sorrow from separation and loss, sees it as the culmination of life, when man makes the transition from an earthly to a heavenly existence. Now religion fundamentally is a bridge. Etymologically, it says, re-legare, which means to bind together. Theologically, religion is the binding together of God and man, and the bridging of the life of man on earth and the life of God in heaven . . . (Coughlin, 1969, p. 6a).

A part of the urgency and special significance of finding meaning in the later years of life and of developing a personal philosophy which will protect the individual from personal and social disintegration is the predominance and strength of cultural values which discriminate against both youth and the elderly:

> The same values that discriminate against the youth also discriminate against the old: productivity, achievement, material gain, independence, hard work, intellectual capacity, education, and scientific and technological sophistication.
>
> . . . Like the young, the old are taking out of the system rather than putting in. Worse than that, unlike the young, they are not seen as an investment for the future (Kalish, 1969, pp. 86, 87).

Ironically, these very cultural values which tend to work against many of the best interests of the aged have been internalized by them, have been the basis for their entire lives, and have been transmitted by them to subsequent generations. To deny the validity of these values would be tantamount to denying the validity of their lives, so they generally work within existing social structures without questioning the basic premises upon which the structures operate (Kalish, 1969, p. 87). The tugs and counter-tugs of the various sets of values built into the social system and represented by divergent, often contradictory, philosophies and religions offered to all in our pluralistic society accentuate the need for individuals to cope personally with the problems related to the meaning of human existence. No common set of spiritual symbols and religious traditions is prevalent in the culture, so people of all ages are offered a number of possible life styles and demotheologies. In this "new spiritual climate" each is encouraged to "do his own thing" in the context of his own framework of meaning (cf. Tapp, 1969).

When the search for meaningful goals for life in later maturity is successful, the result is frequently

> . . . a quieter life-style with greater self-control and lessened compulsion to produce and compete, and with increased pleasure in the success and accomplishments of others. The names by which this new life-style is identified vary widely, but include such terms as "wisdom, maturity, spirituality, humanitarianism, peacefulness, or mellowing." There is a feeling of freedom and release, combined with new ideas and new interests. There is a high degree of satisfaction with one's life, past and present (Robb, 1968, p. 87).

In contrast to effective functioning with equilibrium existing both internal to the person and in one's interaction with his environment, dysfunction implies discontent, unhappiness, and negative self-regarding attitudes, handicapping anxiety, and reduced flexibility in coping with stressful situations or achieving self-actualization. In addition to personal capacities and style of life, one's philosophy of life has a significant impact upon his adjustment (Linn *et al.,* 1969). If this philosophy has been developed satisfactorily, even should bereavement and loss of companionship imposed by illness be one's lot, the individual can have the enduring comfort that springs from his faith. This spiritual endowment can provide "willing acceptance of the unproven, acceptance of an intuitive if not demonstrable truth" (Evans, 1964).

Hope is a significant component of a satisfying philosophy of life, but it has received relatively little attention from social and behavioral scientists. The object of hope transcends the immediate and the concrete by being both more abstract and more distant. It requires the ability to envision future changes relevant to the self as changes "for the better." Postdictive comparisons of elderly people who were near death with controls who had a relatively long time left to live surprisingly revealed that in three-fourths of the pairs the death-near subjects were more hopeful than their death-far controls (Haberland and Lieberman, 1969). Since it has been observed that "the acceptance of death as a valid goal and belief in an after-life are psychological necessities for confident old age" (Rudd, 1959, p. 307), it would be interesting to learn whether the hopefulness of those nearing death is based upon faith in a life beyond the grave.

> For many [of the aged] . . . the hope for better things to come is not available as an alleviator of the grimness and bleakness of the present. Some, fortunately, have a firmly founded religious conviction that in a life hereafter there will be eternal happiness. For the greater number, it would seem . . . such hopes are vague or nonexistent (Hulicka, 1961, p. 799).

The eternal, eschatological dimension of religious faith is an important source of need-gratification for those who have accepted, integrated, and internalized its meaning in offsetting the shortness of life (Robb, 1968, p. 104).

Fromm (1955) has indicated that all human beings have, besides their physiological needs, five basic needs which persist throughout the life cycle. These are the need for a sense of identity, the need for relatedness or belonging, the need for rootedness (some place, geographical location, or spiritual concept to which one can feel attached), the need for transcedence of the fact of our time-limited existence, and the need for a frame of reference to organize life, which may be called a religious belief or a philosophy of life and which provides a system of explanation for observations and experiences that otherwise seem unexplainable.

> As one becomes older, things that were held so firmly, so strongly in youth, very often seem not to hold true anymore. The same rules don't seem to apply and the same kind of consequences don't necessarily follow from certain kinds of actions. There is almost a crisis in belief that comes in this area during later life. What often happens is that the underlying need for some of the action, for some of the noninvolvement, some of the loss of identity that we see in older life can really be attributed to this kind of crisis in belief when things seem to have gone crazy and nothing means anything anymore (Solomon, 1970, p. 26).

E. SUMMARY AND IMPLICATIONS

We have seen that the definition of "spiritual" is not so clear and rigidly fixed that it can be separated from the physical, psychological, material, and other aspects of human existence. Instead it is a component or dimension of man which runs through all of the person and his behavior, providing an orientation and focus which pertains to all of the positively valued joys and experiences of living and all of the negative problems and fears of life and death. It provides a basis for coping with the disruptions of removal (mobility of children and grandchildren, death of spouse and friends, moving away from the old neighborhood), of biological insecurity (illness, death, and disrupted sexual functioning), and of sinfulness with its feelings of guilt (Johnson, 1964).

The spiritual also provides a basis for finding a sense of meaningfulness and importance in life, and it aids in revealing and exercising the values which compensate for deprivations (Barron, 1958, pp. 13-15). While a theology of aging may appear not to have been developed systematically by religious groups, there is a sense in which it consists only of selections from

the total faith of Christianity or Judaism which have peculiar relevance to older people in our society (Hiltner, 1958). "The spiritual needs of the aging really are those of every person, writ large: the need for identity, meaning, love and wisdom" (Bollinger, 1969, pp. 50-51).

> One of the benefits of a living faith is its adequacy for any and all crises wherein limitations must be accepted. When faith affords such security, then the prospect of dying can be borne with the same confidence as the prospect of living (Johnson, 1964, p. 35; cf. Robb, 1968, pp. 104-107).

Spiritual well-being offers stability in the midst of the confusions of rapid social and technological change and of the deprivations associated with aging when familiar landmarks by which life is oriented are swept away. It protects the dignity and personal worth of the individual, establishes status in what a person is by virtue of God's action rather than in what he possesses or has accomplished, gives a generation-bridging understanding of oneself and others, enables the constructive handling of tensions and heightened emotions, stimulates efforts to correct social injustices, and provides a framework of meaning and values that points to the future in hope even in the hour of death (Committee on Religion, March 1960, pp. 23-24).

Spiritual values infuse every area of personal and social life, but they are especially the concern of religious institutions. As the Committee on Religion for the 1961 White House Conference on Aging concluded:

> To Jew and Christian alike, religion is not simply an intellectual discipline nor institutionalized code of behavior, but is a total response to the activity of God in human affairs.
>
> Religion has meaning for all of human existence from the moment of birth to the moment of death. . . .
>
> It is of the essence of the viewpoint shared by the major religious bodies that the brief span of years allotted to a man on this earth be not regarded as limiting the total fulfillment of his life. Viewed in the light of an eternal destiny, then, the years of old age are revealed as having an importance as great as those of flowering youth or a creative and responsible maturity (Committee on Religion, March 1960, pp. 1, 15).

Because the spiritual is interwoven with all material and other aspects of human life, none of man's other needs can be fully resolved without including attention to his spiritual well-being. The needs related to income, nutrition, physical and mental health, housing, transportation, employment, retirement, education, and social roles all overlap with such aspects of the spiritual as ethical and moral values, the philosophy of life of the elderly and of those who plan (or refuse to plan) programs and services for them, the hidden agenda of anxieties and fears which lurk beneath the surface of collective decisionmaking in legislatures and community organizations, the estimates of the worth of people who have lost their normal claims to pride, viewing human life as sacred, and expecting God's judgment or rewards for one's behavior now and in a life beyond the grave.

Failure to recognize that man is a spiritual being and refusal to use his resources for service just because he is "too old" rank high among the indignities suffered by many people in their later maturity. A lack of spiritual well-being among the young as well as the old lies behind this problem.

The spiritual needs thus overlap with all of the issues that are part of what Nash (1970) termed the necessary foundation for the good life of the older citizen of today and the immediate future: attitudes, roles, personal and professional communication, mobility for the individual, alternatives from which to choose, and individualization of programs and services. Anything that promotes these qualities will contribute to spiritual well-being, and whatever promotes the latter will also enhance the former.

II. LONG-RANGE GOALS

A. SOME BIBLICAL TEACHINGS

Some of the oldest wisdom of mankind pertinent to the aging is found in the Bible:

> You shall rise up before the hoary head, and honor the face of an old man, and you shall fear your God: I am the Lord (Leviticus 19:32).

The young clergyman, Timothy, was instructed by Saint Paul to deal respectfully with older people:

> Do not rebuke an older man but exhort him as you would a father; treat younger men like brothers, older women like mothers . . . . Honor widows who are real widows. If a widow has children or grandchildren, let them first learn their religious duty to their own family and make some return to their parents; for this is acceptable in the sight of God (I Timothy 5:1-4).

Then, as now, some of the elderly prayed, "Do not cast me off in the time of old age; forsake me not when my strength is spent" (Psalm 71:9). The assurance was given that old age could be productive, the righteous still bringing forth "fruit in old age" (Psalm 92:12-15). "The Preacher" admonished his hearers to remember their Creator in the days of their youth before "the evil days" of old age come (Ecclesiastes 12:1-8).

Consistently throughout the Bible are doctrines of man that provide a framework for action pertinent to the aging (as well as all other age groups):

> The supreme worth of every human being, created in the image of God, is one of the basic teachings of the Bible. The Christian believes in God as the Creator and Redeemer of life, as well as in himself as the creation of God's love. These two basic convictions provide the spiritual resources essential to meet the spiritual needs of older people. These needs include the following: assurance of God's continuing love, a sense of meaning and purpose, a desire for security, freedom from the loneliness of life, a sense of being wanted, continuing growth through new experiences, a satisfying status as a person, a feeling of continuing usefulness, and the love and understanding of other persons (Moseley, 1968, p. 18).

The emphasis upon love for God and man as the ethical basis of all human conduct is strongly evident in the New Testament (Matthew 22:35-40; I Corinthians 13:1-14:1; etc.). Yet the insistence of some of its followers that love be the foundation of any good works toward others has led to the perverted conclusion that social services; ought not to be provided for the elderly and others unless the internal attitudes of the givers are "loving." This becomes an easy excuse for not providing public services at all, for bureaucratic agencies are impersonal and hence "non-loving." The traditional values of Jewish culture are somewhat different:

> . . . Christianity largely bases its charity on the word *caritas,* translated as "love." The Jewish concept is *t'zdakah* which means "charity," also, but is derived from the word signifying justice.

> Love is capricious. Frequently we bestow it upon the wrong individuals. . . . Love is frequently imperious, impulsive, conferred as a boon, withdrawn as a penalty. Love may be given as a matter of caprice; justice is a matter of right. It is a dictate. Justice is an impersonal action. It is well-nigh universal. That is why the treatment of the old in ancient Jewish culture was not conditional upon affection or love. It rested upon the stronger base of law. A world without love would be a prison, but a world without law would be a jungle, a chaos (Rosenthal, 1965, p. 8).

The ideal goal is a combination of love and justice in which both are wholesomely upheld, for either one without the other can be degrading both to those who extend services and to the recipients.

B. GOALS FROM CONFERENCES ON AGING

The first National Conference on Aging in 1950 suggested that the following spiritual needs of aging should be set:

(1) Assurance of God's continuing love.
(2) The certainty that life is protected.
(3) Relief from heightened emotions (such as guilt, grief, fear).
(4) Relief from pangs of loneliness.
(5) A perspective which embraces time and eternity.
(6) Continuing spiritual growth through new experiences.
(7) A satisfying status in life as a person.
(8) A feeling of continuing usefulness (National Conference on the Aging, 1951, pp. 206-210; summary also in Committee on Religion, Nov. 1960, p. 34).

The Section on Religion of the 1961 White House Conference on Aging recommended that church congregations; recognize the special gifts of wisdom, serenity, and understanding with which their elder members are often specially endowed and invite them to grow in wisdom, to deepen their relationship with God, and to accept the assurance of eternal life. Congregations were invited to provide suitable transportation and facilities for the aging in order to enable participation in worship and other services. Greater use of religious radio, television, and recordings, as well as personal ministries to the aging by members and leaders, were encouraged. State, county, and municipal governments were encouraged to provide chaplaincy services in public institutions serving the aging. Relationships with and treatment of each older person as an individual and active roles of responsible membership were encouraged. Also advocated were family life education, elimination of the idolatrous cult of eternal youth and replacement with religious convictions of the beauty and worth of old age, provision for specialized training of the clergy and lay workers in understanding the needs and potentialities of old age, and cooperation with every segment of the community in efforts to provide facilities and services for the aging. It was concluded that:

> Religion binds a man to creation and the Creator, and enables him to face the future with hope. This group summons, then, the great religious bodies of the nation, their congregations, seminaries, organizations, and related agencies, and all Americans who share their concern for the aged, to join in expanded efforts toward seeing that each of our senior citizens receives the benefits, spiritual and material, they richly deserve (Special Committee on Aging, 1961, pp. 122-25; reprinted in Gray and Moberg, 1962, pp. 145-48).

C. GOALS FROM RELIGIOUS BODIES

Numerous Christian churches, denominational conventions, and social service agencies, and many Jewish groups, have passed resolutions or produced statements of goals and objectives. To survey all of these would be impossible; to cover many of them would be repititious, for they tend to be very similar (Whiting, n.d., pp. 24, 64-65).

In implementing a 1955 resolution of the General Convention of the Episcopal Church that a special study of the spiritual and social problems of the elderly should be made, the Division of Health and Welfare Services of the National Council pointed to the basic needs of older people, the goal being to reduce the negative aspects of aging and achieve positive gains. The six basic needs emphasized were (1) assurance of a just and equitable access to the goods, services, and resources of the community, (2) protection from excessive and unnecessary strains and hazards in work and living, (3) encouragement to keep active and mobile, (4) help to find the kind of routine that would give structure to their lives and represent a program for living, (5) maintenance of relationships with others and assistance to replace with others the loss of those they love, and (6) discovery in their change, loss, and finiteness of a meaning which transcends temporality, illuminates fears, and imparts hope (Episcopal Church, 1958, pp. 24-25).

These needs imply, respectively, the action goals of (1) maintaining monetary income, (2) shifting the occupational placements and providing safety devices at work and home which may not be needed by younger people, (3) maintenance of health and lively interests, (4) provision of something to look forward to, something to remember, and something to give rhythm to the days, (5) assistance and encouragement in making and maintaining friendships, and (6) enhancement of the sense of self-esteem and self-acceptance as persons who have value and significance. To fulfill these goals, new roles for senior citizens, programs for older people, and responsibilities in the parish ministry, including pastoral care, were presented (Episcopal Church, 1958, pp. 24-39).

The manual prepared for church leaders of the Disciples of Christ (Montgomery, n.d., pp. 8-9) indicated that facing the needs of older adults includes giving attention to their needs for self-expression, status, health, emotions, living in the present, preparing for the unforeseen, and a sustaining faith which brings a growing sense of security and peace as each day brings one near to God, the interior life becoming more important and exterior life less. The corresponding goals for program suggestions for spiritual ministries were to help keep devotional life active and real, to encourage making use of past experiences, to provide group activities, to make it possible for older persons to contribute their services, to assure their mental development, and to arrange a ministry to the homebound (Montgomery, n.d., pp. 15-19; cf. Chakerian, 1964).

D. MAJOR CATEGORIES OF GOALS FOR SPIRITUAL WELL-BEING

Numerous individuals and groups have suggested goals for aging that pertain to the need for spiritual well-being. Those listed here are not a complete summary, but they are representative of the types of goals proposed.

1. Assistance in Cultivating a Satisfying Philosophy of Life

Since one's worldview is so important to all other areas of orientation to living, whatever is done to enhance this aspect of spiritual well-being will influence both the subjective or internalized and the objective or exterior aspects of the total person in his situation. Much of this cuts across the entire culture. If respect for the aging can be promoted successfully, it will help elderly persons gain and acquire self-concepts, orientations to others,

and perceptions of their environment for the present, past, and future that will enhance their well-being.

Much of the activity to fulfill such a goal will be on the level of education. Such education should include but cannot be limited to elementary, secondary, and college-level classes. It must also reach adults at all age levels, including the retirement years. As people become more clearly aware of the needs, wishes, interests, and actual situation of the aging and of the great actual and potential contributions of this group to society and its members, their perspectives upon the subject should be modified and the lot of the elderly accordingly improved.

Certain aspects of this goal need special attention. One of them is the need to develop a philosophy of leisure as a respectable and important activity. The aging were reared in an era in which one's work was his primary source of personal identity and worth, so to be without work imparts feelings of loss of dignity, worth, and pride.

Since the major religions "are replete with many explicit and explicit references to leisure as being indispensable for healthy growth and spiritual development," they can help to engender more positive attitudes toward leisure and to prevent equating leisure with idleness, laziness, and self-indulgence (Martin, 1962, p. 221). By sharing exhortations of the Scriptures to "be still" and to "wait upon the Lord," religious groups can reveal "the close link between our capacity for leisure and our capacity for gracious giving, gracious receiving and gracious living" (Martin, 1962, p. 221).

Although the potential is clearly present, most religious groups have not developed an adequate doctrine of work. Some still foster an old puritanical tradition that anything fun is sinful, and others emphasize so strongly the viewpoint that "he who will not work should not eat" that guilt feelings are accentuated among the retired as well as among many who work "only" forty hours a week. Since work is not only a source of personal satisfaction but also of meaning, identity, and social status, Lazenby (1965) believes that it needs careful theological consideration. He would substitute a doctrine of employment for that of work, focusing upon and including all of life's concerns, not merely those for which men are paid. Employment with life includes the right to attend daily religious services and to pray, to give service to others within the range of one's competency, to accept the responsibility of thoughtful reading and concern for issues that face our world, the responsible investment of time, and the enjoyments of all of God's creation (Lazenby, 1965, pp. 9-10).

Of significance also to a satisfactory philosophy of life is a wholesome understanding of and perspective upon death. Instead of avoiding the subject except at funerals (at which there may also be an effort to shun its reality), religious groups and others can promote spiritual well-being by promulgating "a theology of death that sees it as the culmination of life" (Coughlin, 1969, p. 13).

Similarly, the churches can promote spiritual well-being by reevaluating and developing their doctrines of the family (including remarriage and sex among the aged), church-state relationships, coordination with each other and with other community agencies, health and illness, sin and forgiveness, and loss "as growth toward a birthday into eternity" so that people will find the fullest possible measure of life in their experiences (Lazenby, 1964).

By thus developing their theological foundation and disseminating the results, religious groups can help to promote a wholesome philosophy of life. But if they alone work on the subject, their efforts may fail. Wholesome perspectives on life and death, which can provide a framework for living, must be cultivated in all the other institutions of society as well.

2. Education

Preparation for life and for death, inspiration that leads to acquisition of a wholesome philosophy of life, correction of damaging stereotypes of aging and the aged, dissemination of information that provides a basis for legislative and community action to ameliorate the problems of the aging, preparation for retirement, and many other subjects need attention in

both the formal and the informal agencies and institutions of education. In a world of increasingly rapid social change continuing education becomes ever more important, for patterns of adjustment which are suitable in one decade may be patterns of maladjustment in the next, and the facts of one generation are identified as errors by the next. To live is to change. In order to do so satisfactorily, education must be continually developed and adapted to reach out to larger numbers of people and to include content and perspectives which will enable people of all ages to cope effectively with their own aging as well as that of others.

Not the least among these needs is the professional education of medical doctors, psychiatrists, lawyers, social workers, educators, the clergy, and others in the helping professions. Despite the large number of their clients whose problems are related to aging or the aged, the typical program of professional education tends to ignore or give but little attention to its geriatric dimensions (cf. Moberg, June 1970). Continuing education courses, institutes, conferences, and other avenues may be used to help redress this weakness.

3. Enrichment of Living

Life enrichment to help meet the spiritual and other needs of the aging is an important goal of numerous projects and groups. Finding creative outlets for the service of the aged, not merely make-work activities of little significance to them or to others, can make a constructive contribution to human relations and the community as well as to the persons who participate in them (Perry, 1967). Many older people who are "shut in" feel that they really are "shut out" (Ailor, 1969, p. 194; cf. Gray and Moberg, 1962, pp. 96-117). When they are provided transportation to interesting group activities and stimulating programs, their emotional, spiritual, and physical health is often restored.

Standing up and speaking for the rights and needs of the aging is too often the extent of efforts by many churches and community agencies. To be effective, these institutions also must be informed about these rights and needs and "act, giving to people a renewed sense of self-hood, dignity, creativity, and, above all, purpose for living" (Ailor, 1969, p. 192). Just as there are foster grandparents programs in the pediatric wards of hospitals and in children's institutions, there can be "bedside companion" programs for geriatric patients which carry over into the community when they are released from in-patient care (Oakes, 1969, pp. 93-94). Continuity of care and friendship would thus be provided, and renewed health would be eagerly anticipated instead of feared because of the prospect of losing friendship and care upon release (Oakes, 1969a, pp. 93-94). Life is enriched through wholesome friendships.

A sufficient range of opportunities for service can provide all older people with worthy alternatives, enabling them to find the level of activity and engagement that is to their own tastes and suitable to their abilities (Ujhely, 1968, pp. 33-34; cf. Wylie, 1970). Many of the losses associated with aging may be experienced as gain, as helping one to grow, as providing freedom to do what one wishes to do, and as an enriching rather than impoverishing experience. If cultural definitions encouraged them, this type of response to the "deprivations of old age" might be much more common.

> People who are able to see loss as gain, as a door that opens up new worlds for them are rare. They do not often require our care. If we do meet up with them, . . . one way in which we can assist them greatly . . . is by giving them support and encouragement for their unorthodox way of leading their lives and to protect them, if possible, from the disapproval of their relatives and friends.
>
> Many of the aged persons, as a result of their past upbringing, equate loss with weakness and weakness with shamefulness. These people will not acknowledge that they [fail to meet many social and material expectations] . . . . They are proud people and have to be treated as such. . . . Whatever help we must extend to this group of aged, we need to give it in a calm, matter of fact way, with

> greater emphasis on the fact that we want to give it than that it is needed by them (Ujhely, 1968, pp. 28-29).

The above are but examples of the ways in which the enrichment of living in the later years may be enhanced by volunteer services, professional care, church programs, community projects, and other means of bringing increased dignity and an enhanced philosophy of life to the aging and elderly. All of these goals can be summarized in the words of Tibbitts and Donahue (1960, p. xv):

> If we are to have a new society, if the added years are to be meaningful, one thing is clear; we must begin to see the aging of the population as an achievement which has created an opportunity to be grasped, rather than as a set of problems to be solved along humdrum lines.

4. Therapeutic Services

Whenever problems arise, they need treatment, and this treatment should serve the needs of the whole man, not merely the isolated parts in which symptoms appear. Indeed, a part of the need in this respect is better diagnostic services to identify all components of physical and mental ailments (Hickey, 1969). If research were more comprehensive and if it had conscientiously sought pertinent evidence, the spiritual components of well-being would be recognized as far more important than professional people generally feel them to be.

"Spiritual fatigue" and its associated problems are perhaps the most frequent set of difficulties which occur in old age. Such fatigue spills over into apathy, nagging loneliness, stubborness, social isolation, unrealistic glorification of the past, and sad reflections about self-identity and purpose for living (Koeberle, 1969).

Emotional rehabilitation of numerous elderly persons, especially of geriatric patients, is therefore needed. Wolff (1966) suggests that such rehabilitation involves adjustment of dependency needs so as to retain self-esteem, assistance in the acquisition of a new philosophy of life in which religious activities and beliefs can play a major role, help in eradicating the fear of death, and encouragement in maintaining a goal in life. "As long as the hope of fulfillment and of intellectual, spiritual or emotional growth maintains his self-esteem, he [the geriatric patient] can handle other anxieties and fears" (Wolff, 1966, p. 1152).

Therapy can be provided through nonprofessional as well as professional channels. The "power of the listening ear" (Drakeford, 1967) has tremendous potential for healing emotional and spiritual ailments. Sharing experiences, listening to the reminiscing of an aging friend, and hearing confessions of faults, failures, and mistakes without condemning the confessor can heal the spiritual wounds that so often cause excruciating pain for socially isolated senior citizens. Widow-to-widow programs can make a significant contribution to such needs.

Mourning rituals for the bereaved and their relatives, friends, and neighbors are no longer institutionalized in society. Civil rituals of mourning, instead of denying mourning as currently typical among those who have only residual religious beliefs or none at all, should be invented, for

> . . . a society which denies mourning and gives no ritual support to mourners is thereby producing maladaptive and neurotic responses in a number of its citizens. . . .
>
> The [median] period of intense mourning probably varies . . . between six and twelve weeks. During this period the mourner is in more need of social support and assistance than at any time since infancy and early childhood; and at the moment our society is signally failing to give this support and assistance. The cost of this failure in misery, loneliness, despair and maladaptive behavior is very high (Gorer, 1967, pp. 134-35).

In the midst of all of life, churches, synagogues, and other religious groups can play an important part in providing therapeutic services. They can do much in worship to provide treatment needs en masse for psychiatric patients (Turley, 1970). Their unique role is the provision of salvation in the best and most abundant sense of that term. The Rev. Donald H. Crosby of the Division of Social Action of the American Baptist Home Mission Societies expresses it this way (as quoted by Stifler, 1970, p. 27):

> "Salvation," in the best sense of the word, to me is a total life process. It involves all of us and all that we are. The church must serve all its members in working out grief which comes with the loss of husband, wife or other loved ones; in facing death; in understanding the meaning, purpose and role in life, and life after death; in facing guilt and working out guilt feelings; in offering counsel, for instance, helping an older person understand and face change, a condition which is now a fact of life.

5. The Right to Die

The privilege of dying in dignity should be a goal for all men (Kramer, 1970; Downey, 1970; Bayly, 1966). Because our society is oriented toward and trained for fighting death instead of meeting it (Ailor, 1969, p. 192; Loether, 1967, p. 91), guilt and frustration are substituted for a rational ethic in the formulation of goals related to the inevitable end of life on earth (Goldman, 1969). Hence there is a strong temptation in the medical profession and on the part of family members to prolong life as long as possible even in the case of obviously terminal illnesses. Artificial devices and medications are used to keep a person alive without giving him any stimulation to creativity or any reason for living. Not only does this defer the patient's right to die, often violating his expressed wishes, and accentuate the guilt of the bereaved when death does come, but it also tends to impoverish the survivors and to claim an undue share of medical care for the sake of merely deferring the inevitable end.

> . . . There is no doubt that one of the unique and specific developmental tasks that old age brings is the necessity of reintegrating one's past life and coming to some terms with the inexorableness of personal death. Nevertheless, we should guard against confining the impact of dying and death to a singular temporal period. Data we are now securing from research imply that feelings and concerns about dying and death are lockstitched into our behavior patterns throughout the entire life-range. The meaning that death holds for us in all age decades is a neglected variable. If heeded, it can enlarge our grasp of present behavior (Feifel, 1965, p. 654).

Even when the truth is withheld from him, the dying person often knows that the end is near. The fear of death may be abated by being told the truth (Hinton, 1967, pp. 100-03; cf. Jones, 1967). Many wish to prepare themselves spiritually for approaching death and desire the assistance of a minister, priest, or rabbi. Most receive spiritual comfort from visits by friends and relatives, and this comfort may come merely from the willingness to spend some time with the dying person (Hinton, 1967, pp. 120-25).

For most dying patients "death itself is not the problem, but dying is feared because of the accompanying sense of hopelessness, helplessness, and isolation" (Kuebler-Ross, 1969, p. 239). Strauss (1969, pp. 269-70) has similarly concluded on the basis of his studies of dying among the elderly that beyond question the greatest problem in caring for them pertains to their psychological and social needs. A great deal can be done to overcome these problems by stimulating volunteer services, pastoral ministries, other social relationships, and wholesome philosophies of living and dying.

The spiritual perspective that recognizes that "it is appointed unto men once to die" (Hebrews 9:27), and provides a wholesome eschatological orientation for coping with the future can make a significant contribution to the human right to die in peace. Through "personal (existential) appropriation to oneself of the theocentric and Christological affirmations regarding life, death, and the resurrection" (Hall, 1967), the Christian's understanding of and response to the facts of living and dying are changed. The reality of God's resurrection power becomes to him a symbol for faithful personal confidence in God, a confidence resting on the validity of faith (Hall, 1967).

E. STRATEGIES FOR GOAL IMPLEMENTATION

The means as well as the ends of spiritual well-being must be included in the establishment of goal-oriented programs. As indicated in the pamphlet to assist American Lutheran church clergy to prepare for retirement, the question, "On what will you ground your life in retirement?" is easier by far to answer than "How will *you* do this?" Spiritual values and the relatedness of man to God do not change, but how specifically to maintain a sense of person worthiness, to continue to find meaning in life, and to remain a vital part of society and of mankind requires active planning, not merely faith alone (Division of Pensions, 1968).

Most generalized goals receive widespread acceptance, but there often is wide-ranging disagreement about the specific means necessary to achieve them. One study revealed that most goals related to American social planning for the elderly have evolved sporadically, expediently, and haphazardly. Most organizational and community action projects have chosen goals without any sound evidence that their realization actually would enhance the welfare of the aged, and over 95 percent of the goals were chosen on the basis of criteria other than improving the welfare of the elderly. Under one-tenth of the goals took into account the diverse requirements resulting from the wide variations among persons in their later maturity. Only about one-fourth of the goals were chosen on the basis of data about the actual needs of the aging, the majority assuming needs on the basis of inadequate evidence. Only "a handful of the goals were developed with attention to the power variables" that play such an important part in determining the success or failure of any attempt to establish a program or service (Binstock, 1967). These findings obviously imply the need for positive action to counteract the flaws of current programs. These flaws apply as much to the spiritual needs as to other needs for the well-being of the aging. The diseases of institutionalism which make the organizational means into goals to be served by men occur in churches as well as in other social institutions (Moberg, 1962, pp. 121-24).

As Hammond (1969, p. 323) has written:

> Numerous sources . . . provide a rich assortment of ideas and programs for ministering to the aged. What is needed, rather, is a rationale and a specification of organizational ideology, which permits choices to be made in a nonrandom way. Sociology . . . is only one source of help, but so also might cost accounting, psychiatry, or political science have relevant theory for advancing the church's understanding of its posture toward the aging.
>
> . . . It may well be one of history's greater ironies . . . that, at the same time society becomes more differentiated, it produces larger proportions of aged persons whose needs appear to be for less differentiation. The gerontological strategy . . . should, it would seem, be directed toward easing the strains of that differentiation.

It is simple to delineate generalized goals for the spiritual well-being of the aging. To implement them, however, will necessitate a great deal of coordinated effort by people from a wide range of organizations and institutions. While religious groups might well take the lead in such planning in each community, cooperation with key agencies and personnel in all of the helping professions will be needed to cope fully with the magnitude of the task, and the stimulus and support of State and Federal agencies will make a tremendous difference in the nature and scope of the services provided.

III. KNOWLEDGE AVAILABLE

Very little research has dealt directly with spiritual well-being among the aging, but a great deal of research has covered such related topics as church attendance, religious beliefs, and personality characteristics in relationship to various indicators of religiosity. The following summary of some of the major findings will not refer individually to all of the specific studies which are its source because the majority of these have been summarized in four excellent resources, each of which has dozens of references (Gray and Moberg, 1962; Maves, 1960; Moberg, June 1965; Riley and Foner, 1968, Chap. 20). (In cases of unique conclusions, more recent data, and supplementary sources that are not included in those, references will cite specific studies upon which the conclusions of research are based.)

A. RELIGIOUS PRACTICES

1. Church Attendance

Such attendance is generally maintained at a high level in the later years of life, although, with advancing age in the late sixties or early seventies and above, the rate of attendance gradually declines, presumably as a result of increasing rates of disability, problems of mobility, and financial limitations. In one study of urban Catholic old people in relatively good health, attendance rates of people past their seventy-fifth birthdays were higher than those of persons aged 65 to 74 (O'Reilly, 1957, p. 120). As in other age groups, the attendance rates of older women are higher than those of men in each equivalent age category.

2. Memberships and Social Participation

More of the memberships and formal social participation of senior citizens is in churches and their auxiliary associations than in all other types of social organizations combined. There are variations, however, by type of community (those in rural areas participating proportionately more heavily in church groups (Pihlblad and Rosencranz, 1969)), by social class (the working class having few formal group activities besides those related to their churches, and the upper class having many, most of which are outside of religious groups, with the middle class falling between those extremes), and presumably by ethnic identification and religious faith.

3. Radio and Television

Substantial proportions of older people listen to church services and other religious programs on radio and television. As church attendance among the religiously oriented decreases, use of the mass media as substitutes for it increases. This helps to explain why many "radio pastors" slant their programs deliberately to try to meet spiritual needs of homebound people.

4. Personal Devotional Activities

Activities like Bible reading, praying, and meditating, increase steadily with age during the adult years. To what extent the increases among the age groups are indicative of actual increases among the same individuals as they age and to what extent they represent generational differences in which successively younger age cohorts are inherently less religious is not completely clear, but it is likely that some elements of both factors are involved.

B. RELIGIOUS BELIEFS

1. Belief in God

Belief in God reaches its highest levels and is held with the greatest certainty in the later years of life. For example, in the 1966 Catholic Digest Survey, 86 percent of the respondents aged 65 and over were "absolutely certain" that there is a God, compared to declining percentages with each successively younger age category to ages 18-24 at which 71 percent were "absolutely certain." Correspondingly, only three percent of those aged 65 and over but eight percent of the youngest group either were not at all sure there is a God or did not believe or know it (Riley and Foner, 1968, p. 492). The 1952 Catholic Digest Survey revealed similar findings and also disclosed that 81 percent of the respondents aged 65 and over thought of God as a loving Father, compared to 79 percent of all respondents and 76 percent of those aged 45 to 54 (Catholic Digest, 1952).

2. Belief in Immortality

Belief in life after death is expressed by over three-fourths of the national samples of population aged 50 to 55 and over, compared to smaller proportions of younger age groups (Riley and Foner, 1968, p. 493; cf. Gallup and Davies, 1969, p. 18). Barron's survey of New York City people, three-fourths of whom were Jewish, found that the proportion who believed in a life after death increased from thirty percent at ages 30 to 35 to over forty percent at ages 60 to 65. Nonbelief correspondingly diminished from 36 to 25 percent, the remainder of the respondents being uncertain (Barron, 1961, pp. 164-83).

3. Belief in the Importance of Religion

A belief in the importance of religion is held by a larger proportion (about six-sevenths) of people past age 65 than by younger adults. Several studies indicate that more people say religion has become more helpful and of increasing meaning with advancing age than the opposite. This is also true among Southern Negroes and white welfare recipients (McNevin and Rosencranz, 1967). More than 90 percent of 700 centenarians said that religion is "very important" to them, and large numbers were still actively involved in church attendance, participation in sacramental rites, and even service activities for their churches and synagogues (Beard, 1969). Yet it is possible that religion is perceived as less salient than are family, relatives, and friends, for in a national sample survey the latter were mentioned more often as a source of satisfaction and comfort in the lives of the elderly "today" than religion (Barron, 1961, p. 179; 1958, pp. 28-30).

4. Conservative Religious Beliefs

Conservative religious beliefs about the deity of Jesus, Biblical miracles, the devil, and other traditional Christian doctrines are more common among elderly than among young and middle-aged adults (Stark, 1968; Fukuyama, 1961).

C. RELIGIOUS KNOWLEDGE

1. Intellectual or Cognitive Differences by Age

Intellectual or cognitive differences between older persons and others have not been investigated thoroughly with respect to religion, and the research findings to date are somewhat inconsistent. A poll in 1950 revealed that the elderly are more likely to name selected books of the Bible correctly (Erskine, 1963, p. 135), and a poll in Sweden in 1944 found that the elderly were more likely to have memorized the catechism (Cantril, 1951, p. 746). Yet there was a decline in religious knowledge among the elderly on a score of religious information in a large study of urban Congregational Church members (Fukuyama, 1961, p. 158).

Davidson's (1969) study of Methodist and Baptist church members in two Indiana cities, however, found that knowledge of church history and teachings was greater among adults aged 51 to 60 than among younger adults, and it was greatest of all among those over 60. On the other hand, members past fifty also revealed:

> a marked decline in their willingness to rationally examine, doubt, or question church teachings. In short, church members gained in religious knowledge after fifty, but were less disposed to a rational-critical approach to religious issues (Davidson, 1969, p. 39).

When age comparisons are made holding years of education constant, it is wise to recall that the general rise in educational level in the nation may mean that "people who are now old [may be] of higher mental ability than the young people with the same amount of education," for "the rising average level of education may well have led to a decline in average mental ability at some if not all educational levels" (Glenn, 1969, p. 22). Lower test scores may reflect variations in test-taking experiences, speed of response (if that is a factor in grading), and other variables besides intellectual ability and knowledge.

D. RELIGIOUS EXPERIENCES

1. Religious Feelings, Emotions, Thoughts, Visions, and Dreams

Many older people experience religious feelings, emotions, thoughts, visions, and dreams and share them with clergymen, relatives. and friends, even though they do not often talk with their physicians about them. Although the evidence is not decisive, partly because both expressive and instrumental components are involved in most activities, there apparently is a desire on the part of the aged to turn from instrumental activities, in which people

> are expected to achieve, to produce, to withhold emotions, to restrict their range of obligations, . . . [to] expressive relationships and activities—diffuse endeavors in which they can spontaneously "express" themselves, in which their actions are ends in themselves rather than instruments to the accomplishment of other ends (Hammond, 1969, p. 303).

This may be part of the reason why they are more inclined to seek comfort than challenge through their church involvements (Glock, Ringer, and Babbie, 1967).

From his study of responses to items in the Minnesota Multiphasic Personality Inventory by 50,000 patients at the Mayo Clinic, Swenson (1967) reported that the highest proportion of persons saying they had experienced some "very unusual religious experiences" was among those aged 70 and over, and the same is true of those agreeing that "I am very

religious (more than most people)." Belief that "Evil spirits possess me at times" was low in all categories except those under 20, but it was lowest of all among the eldest.

Davidson's (1969) Indiana Baptists and Methodists generally scored highest on the experiential dimension of religion in the youngest and oldest categories. They were "increasingly inclined to desire and report having had personal experiences with the supernatural" from age 50 on.

E. CONSEQUENCES OF RELIGION ON PERSONAL AND SOCIAL LIFE

1. Other Social Relationships

Participation in religious groups is associated with other social relationships. Church members are more likely than nonmembers to be active in community associations, clubs, and other organizations, although the rates of voluntary association membership are lower among the oldest than among middle age categories. While this undoubtedly is partly due to other factors that are mutual influences on both types of participation,

> it is not unreasonable to think that association with people in church-related activities and organizations contributes to knowledge of other voluntary organizations; friendships in the church with persons who are members of other groups may lead to social participation in them (Moberg, 1965, p. 83).

Catholics show lower levels of organizational memberships, perhaps in part because friendship and "fellowship" are emphasized more in Protestant and Jewish congregations than in Catholic parishes. The faithfulness of church attendance itself has been attributed to the desire for sociability, especially as family members and friends move away, acquaintances die, and social contacts are reduced. Social isolation may be reduced by church participation:

> The church offers the opportunity to socialize with peers in a socially approved milieu. Older members are treated with reasonable kindness in church affairs rather than the condescension sometimes encountered in "social group work" (Roemer, 1969, p. 90).

2. Self-Images and Personality

Self-images and personality apparently are influenced by religious orientations. A higher proportion of elderly than of younger adults say they are "a religious person." The teachings of Judaism and Christianity affirm the dignity and worth of the individual, and apparently this has a wholesome impact upon a substantial proportion of believers. Although some other doctrines also have negative consequences, such as accentuating feelings of guilt, religious beliefs and faith in God have helped disorganized geriatric patients overcome grief and cope with lonesomeness, unhappiness, and despondency (Wolff, 1959a).

3. Attitudes Toward Death

Attitudes toward death are influenced by religion. A sense of serenity and decreased fear of death tend to accompany conservative religious beliefs, possibly because death is viewed as a portal to immortality (Swenson, 1959, 1961; Jeffers *et al.*, 1961). Yet the affirmation that one is not afraid of death could be an expression of a neurotic personality which disguises death and pretends that it is not a basic condition of all life (Fulton, 1961) or of a need to control strong anxieties concerning death (Feifel, 1956).

> A convinced belief in a future life by no means eradicates anxiety over death. . . . Religious belief is obviously relevant to dying people. . . . Those who had firm religious faith and attended their church weekly or frequently were most free of anxiety, only a fifth were apprehensive. The next most confident group, in which only a quarter were anxious, were those who had frankly said they had practically no faith. The tepid believers, who professed faith but made little outward observance of it, were more anxious to a significant extent (Hinton, 1967, pp. 38, 83; cf. Kuebler-Ross, 1969, p. 237).

Cultural efforts to deny death in contemporary funeral and burial practices and mourning customs accentuate the problems of dying and bereavement (Hall, 1967; Jones, 1967; Mitford, 1963; Yamamoto *et al.*, 1969). This may be why there apparently is greater fear of the process of dying than of death itself among a majority of the aging (Kuebler-Ross, 1969, p. 239). Fears also are associated more with what is left behind at death, the problems of survivors, and discontinuance of life on earth, especially if there is a feeling that life's responsibilities have not been fulfilled, than with death itself (Feaver and Boyd, 1970, p. 83). The greatest fear of all is of social isolation—desertion by friends, relatives, and other visitors, which has been referred to as the "bereavement of the dying" (Hinton, 1967, pp. 86-87; cf. Strauss, 1969; Swenson, 1961). Even the differences in attitudes toward death of the religiously faithful from those of nonreligious people may be due to a considerable extent to variations in their social integration (Treanton, 1961). The nonreligious are less likely to have a reference group that gives them social support and security.

The fear of death may be one reason why religiosity increases with age, but "Religion . . . seems to be most comforting and reassuring to those who come to it through faith rather than through fear of death" (Loether, 1967, p. 94; cf. Wolff, 1959b).

4. Personal and Social Adjustment, Happiness, Morale, Feelings of Satisfaction

These feelings and adjustments are associated with religious attitudes and behavior. (The contradictory evidence on this subject apparently is due to divergent definitions of "the religious factor" and different indicators of its presence or absence.) Experimental designs controlling other factors linked with personal adjustment have revealed that church membership as such is not a primary variable but only a derivative of religious beliefs and participation in church activities which happen to be correlated with membership (Moberg, 1953; Moberg and Taves, 1965). Contrary evidence from Barron's (1961) New York City study may be a result of the manner in which the evidence was obtained (asking what provided the most satisfaction and comfort in life) or the sample, of which approximately three-fourths were Jews, in contrast to the predominance of Protestants and Catholics in most other studies.

The association of religion with purpose in life, at least for retired professors (Acuff and Allen, 1970, p. 127), may be part of the reason for the association of religious orientations and behavior with good morale and happiness in the later years of life. Another intervening variable that may be responsible for some of the relationship is family background:

> There is some reason to believe that those raised in a psychologically secure family may find religious orthodoxy compatible, while those whose life experiences lead toward deviation will find it less compatible (Robb, 1968, p. 103).

It is possible that good personal adjustment is more a cause of conventional religious beliefs and activities than a result of them. This is not to say, however, that old age is seen by the elderly as the most satisfying time of life. On the contrary, it is seen by most as the least happy, with the one exception of finding it the most satisfactory for religious activity (Bromley, 1966, p. 87).

5. Humanitarian Programs, Service Activities, and Welfare Institutions

Religious motivations have contributed to humanitarian programs, service activities, and welfare institutions which serve the aging. The spiritual motivation of love that compels action to meet the numerous needs of the aging is greatly needed today (Flemming, 1969). The historical results of such motives in the past will be discussed briefly in Section IV.

F. NEGATIVE AND DYSFUNCTIONAL CONSEQUENCES OF RELIGION

1. Problems in and Related to the Church

Older people often experience problems in and related to the church. A sense of guilt may develop when they wish to die because of long training that such wishes are sinful (Kramer and Kramer, 1967). In the natural process of succession of leadership from one generation to the next, they may feel that they are being pushed aside by younger members, no longer respected and wanted for their wisdom, experience, and abilities. They may feel they ought not to participate if their financial resources prohibit them from making significant contributions or from dressing well. They may feel slighted and ignored. Many have difficulty attending religious services because of physical limitations or transportation costs. Some are unhappy with changes in the church and feel their opinions are ignored. These dissatisfactions may sometimes result from other problems of adjustment, but they certainly contribute to maladjustment for substantial numbers of people (Gray and Moberg, 1962, pp. 96-117).

In churches, as in other organizations and programs,

> . . . Is it not possible that in our attempts to provide "busy time" for the elderly we are saying: " 'Poor soul' nothing to do; come play and pray with us." And in so doing we dramatize and institutionalize the very condition abhorred by the elderly, the condition of idleness and/or nonproductivity (Oakes, 1969b, p. 220).

The expectation by the elderly that they will be visited by a clergyman or other church representative when shut in or committed to a nursing home or hospital can have highly negative results if the expectation is not fulfilled. In a British study of the socially isolated, only 5.4 percent had seen their religious minister or vicar during the last week, but the majority of these were seen at a religious service or other church activity. There was little indication that the clergy detected need among old people and alerted the social services to the needs (Tunstall, 1966, pp. 217, 288-89; cf. Gorer, 1967, pp. 33-36). The frequent complaints by the elderly that they are ignored by the church do not always coincide with the actual situation, but the complaints are more often justifiable than not.

Some ill people become alarmed when a pastor or rabbi comes to visit, jumping to the conclusion that they are about to die. A clergyman who is too religious with a person who has lost most of his faith may also create more problems than he resolves (Alvarez, 1964). In one study of bereaved people requiring psychiatric treatment, one-fourth showed considerable animosity toward such persons as their doctor or clergyman.

> The breaved may make wild accusations that there has been neglect or reprehensible failure to diagnose a fatal disease until it is too late. It is a displaced anger, with the doctor providing a not altogether inappropriate target . . . . The displacement is more obvious when the priest is a target for criticism and the bereaved may even denounce God. Rather than turn to God when a loved one dies, a few turn away from him for if God can permit such a death to occur he will no longer be their God (Hinton, 1967, p. 169).

In the process of providing pastoral care for the elderly or the dying, the clergy are less likely to avoid the issue of impeding death or other problems or to reveal hostility and displaced anger themselves than are other members of the helping professions. Yet Dr. Kuebler-Ross (1969, pp. 226, 227) indicates in recounting experiences in helping people minister to the needs of the dying:

> . . . What amazed me . . . was the number of clergy who felt quite comfortable using a prayer book or a chapter out of the Bible as the sole communication between them and the patients, thus avoiding listening to their needs and being exposed to questions they might be unable or unwilling to answer.
>
> Many of them had visited innumerable very sick people but began for the first time, in the seminar, really to deal with the question of death and dying. They were very occupied with funeral procedures and their role during and after the funeral but had great difficulties in actually dealing with the dying person himself.
>
> . . . It was in the course of repeated encounters that they began to understand their own reluctance in facing the conflicts and thus their use of the Bible, the relative, or the doctor's orders as an excuse or rationalization for their lack of involvement.

The neglect of the aging by ministers, priests, and rabbis is attributed by Maves and Cedarleaf (1949, pp. 27-29) to ignorance of demographic trends resulting in great increases in the numbers of aged people in the population; the false assumption that nothing can be done for them except make them comfortable until death or else that all they want is physical security; the commitment to work with children, youth, and young adults who are the church's future; the emotional relationships between the generations; fear of their own approaching later maturity; societal glorification of youth; and identification of beauty and aesthetic appeal solely with what is youthful.

> In short, older people are the victims of a neglect which is more pervasive and widespread than is apparent at first glance. The causes of this reach back into the very patterns of our society. If there is to be a change we need first to recognize at full value the extent and causes of this neglect (Maves and Cedarleaf, 1949, p. 29; cf. Gray and Moberg, 1962, pp. 32-36).

G. CONCLUSIONS

It is wise to remember that the very same activities that contribute to the spiritual well-being of most participants in religious groups may be dysfunctional for others. As in other social contexts, a high degree of relativity prevails because of the great diversity of personalities and social situations.

> . . . Those who believe themselves to be incapable of extending their faith to receive the blessings promised by their religious leaders and sacred literature may be filled with despair that would not have been theirs had they never heard the promises. The person whose faith seems too little to be rewarded may languish in the fear that he is predestined to eternal damnation. In an effort to earn salvation he may submit himself to legalistic rules and regulations which make his own life and the lives of associates exceedingly miserable, or he may feel that he has committed an unpardonable sin (Moberg, 1970, p. 180).

Furthermore, the generalizations listed above all need qualifications of one sort or another. The current generation of older people may foreshadow the experience of the next, yet changes in our social system may bring significant differences as we begin to interpret work and leisure differently, cope with economic burdens more effectively, develop new methods and techniques for meeting spiritual needs, and in other ways adapt our social policies and services pertinent to aging (cf. Maddox, 1969, pp. 15-16).

> Overlooked entirely in most gerontological considerations is the shifting religious mood. We hear of secularization, of the Death of God. But we also know of a post-World War II religious revival. Are those now becoming old, those who were heavily attracted to Billy Graham two decades ago? Has there not been a loss of the sense of tragedy in a secularizing, affluent America? Gerontologists have lots of research to conduct to treat these questions (Cain, 1968, p. 257).

As we have indicated in several instances above, statistical relationships, as of adjustment and religious behavior, are not necessarily reflections of true cause-effect relationships. Both may be effects of common causes, or the alleged effect may be the cause, to mention only two of several possibilities.

In general, we have found that ritualistic behaviour outside the home, the external or objective practices, tends to diminish during later maturity, while religious attitudes and feelings of a more personal and internalized sort apparently increase among those who acknowledge having some religion. The religious person may remain devout in spirit, his religious beliefs, feelings, and personal ritualistic practices like prayer becoming more intense even while his institutionally-oriented religious participation decreases. The extent to which the various dimensions and aspects of religiosity are intercorrelated is not yet fully known, but they are sufficiently independent to merit precautions against assuming what the totality of the religiosity of a person is on the basis of any single indicator.

Obviously, a great deal more research is needed to analyze these relationships. Such investigation should be linked more specifically with the development of gerontological theories and testing of alternative geriatric policies and practices than has been true of most research to date. It is probable that with concerted effort many aspects of the spiritual component of man's well-being which have been neglected in scientific investigation could be studied, at least to some extent. The correlates and consequences of spiritual experiences can be analyzed through self-reports and case studies of believers, investigation of man's propensity for seeking some kind of ultimate commitment or concern, and observation of the tests of validity of personal faith used by many religious groups in screening membership applications. Such data would be no "softer" than much of the content of other socio-psychological research (Moberg, Spring 1967; 1970, p. 186). In the meantime it is well to remember that "Many of the activities of younger years cease to be satisfying or available, but religious faith and practice have no age limit" (Beard, 1969, p. 4).

IV. THE PRESENT SITUATION

In this section we shall survey some of the existing private and public programs that are oriented toward meeting the need for spiritual well-being and summarize some of their strengths and deficiences. Because many of the programs which are consciously and specifically oriented toward including the satisfaction of spiritual needs are in or related to religious institutions, our discussion will be weighted heavily in the direction of them. This is not intended to imply that spiritual needs are not met in other institutions and programs.

Adult education programs, individual and group therapy in retirement homes and convalescent agencies, community centers for senior citizens, recreational and social activities, clubs, welfare agencies, and other associations, projects, and programs provide services which help to meet spiritual needs, but their focus usually is primarily upon other objectives. Further, many of the activities of organizations related to churches and synagogues fall primarily in a "nonspiritual" realm in terms of their basic orientation, so no neat and distinct line can be drawn between those programs which meet spiritual needs and those which do not.

A. HISTORICAL BACKGROUND

The history of voluntary welfare services for the elderly dates back to monasteries and churches of the Middle Ages. Growing out of that heritage and the evangelical movement of the nineteenth century (Heasman, 1962), a large number of secular and religious bodies in Britain cooperate through local branches and innumerable independent local voluntary societies which provide a broad range of services. Cooperation is oriented toward comprehensive care. This is achieved through coordinating old people's welfare committees, which link the voluntary organizations together with each other and through consultative relationships with pertinent statutory bodies at all levels of government. Voluntary organizations continue, as in the past, to have a pioneering, innovative role (Bucke, 1967).

The linkage of welfare services with religious bodies has been less clear and distinct in the United States, although the modern welfare system has grown up out of charitable institutions and practices that originally were grounded in churches and in a Judeo-Christian ethic of charity. Many aspects of it are a product of a Protestant Ethic that gave a religious rationale to hard work, honesty, and avoidance of wastefulness under the assumptions that anyone who would work could provide for his and his family's needs and that work was available for all who wanted it.

The cracks in the rationale supporting private welfare as the sole means of meeting human needs which appear with the closing of the Western frontier at the end of the nineteenth century and the emergence of modern industrial—as distinct from agricultural—society, were irrevocably opened by the Great Depression in the 1930's. Yet even to this day many social workers operate on the basis of an "organization man value system for themselves, while expecting Protestant Ethic behavior from their clients" (Segalman, 1968), and the rank-and-file citizenry are even more inclined toward traditional pre-industrial types of values pertinent to welfare.

In Section II we indicated the chief policy recommendations about religion that were developed by the 1961 White House Conference on Aging. Six years later the Very Rev. Msgr. W. Suedkamp, Director of Charities for the Archdiocese of Detroit, who was heavily involved in the work of the Section on Religion, stated:

> I question what the organized religious bodies have done with the main recommendation from our section; what has been accomplished these past ten

years toward bringing about an attitudinal change toward growing old, on the part of the youth of our nation, the middle-aged people and the aged themselves. This was to be our responsibility, and I seriously question if we have made any progress in this area (1967).

B. CHURCH PROGRAMS FOR THE AGING

1. The Resources of Religious Institutions

The resources of religious institutions for meeting spiritual needs of the aging are great. Theological and spiritual assets include doctrines which pertain to man's fate in this life and the next, and ethical commitment to serving others, an orienting perspective that puts all things and events into a meaningful frame of reference, and traditions of ministering to the needs of mankind. The physical buildings and equipment of churches provide a meeting place and locale that can be used to serve the aging without interfering with services to other age groups. Church personnel are oriented toward serving other people more than toward taking from them. Pastors and rabbis already are serving in the capacity of a central referral agent who can easily and quickly become informed of available services to meet the needs of the aging and can refer old people to these services in a manner acceptable to both clients and agencies (Robb, 1968, pp. 104-07, 116).

2. Conventional Activities and Services

Conventional activities and services of religious bodies have contributed directly to the promotion of man's spiritual well-being. Worship, rituals, symbolism, socialization opportunities, religious education, and, perhaps most of all, pastoral care (counseling, confession, prayer, referrals to community agencies, moral support, etc.) have served this need. As we have noted earlier in this paper, older people participate more in church life than in all other types of social organizations together. They turn to their minister, priest, or rabbi for counsel and support in times of major crises related to illness and developmental turning points in the life cycle. The majority even of those who lack active membership in a church are culturally conditioned to turn to a clergyman for funeral services when they have been bereaved. The traditional religious orientation that a long life is a sign of God's favor and scriptural admonitions to honor the aged are a part of the current heritage of America's religious faiths. Nevertheless, in their conventionalized activities to meet man's needs for spiritual well-being, most churches have done little specifically to confront the unique needs of the aging except as these are covered by other generalized activities:

> Among the means whereby the church provides this sustaining relationship between man and man, and between man and God, thus a sense of value beyond mere existence, are: the celebration of common worship; the fellowship of service and of social events; the capturing of mankind's early beginnings and searchings for truth through study; individual and corporate communion through prayer; the counsel and support of the priest, rabbi, or pastor; and the inspiration of the proclaimed word. Each move is designed to make possible a better personal and social life in the world in a context of acceptance of every person as he is.
>
> . . . In such a fellowship the older person is offered a place of usefulness, of recognition, of responsibility, of warm reception, and of support of waning egos (Stafford, 1970, p. 77).

Providing ministries of these kinds is commonly interpreted as adequate service to meet the needs of the aging. As a result, the unique needs of old people tend to be overlooked in the typical church. In addition, as indicated earlier in this paper, biases on the part of the

professional and lay leaders in religious bodies reflect their personal fears of aging, stereotyped ideas about the nature and characteristics of the aged, and false assumptions about the needs of older people. These biases interfere with the establishment and fulfillment of plans to meet the relatively specialized needs of people in their later maturity. It is the writer's opinion that the declining strength of many religious bodies is partly due to ignoring the elderly and other minorities, and if so, this subject is one aspect of a much greater problem of contemporary churches.

Despite the fact that many churches tend to ignore the special needs of the aging and devote more attention to young adults, youth, and children, numerous specialized programs and projects have been initiated. These can be viewed as demonstrations of potentialities for service that are worthy of consideration by all religious bodies. Some of them are most appropriately sponsored on the denominational or diocesan level and others on an interdenominational or ecumenical community basis. But the majority of these programs are pertinent primarily on the congregational or parish level. When the older person thinks of "church" or "religion," he most often thinks in terms of the local agency of his religious faith more than of larger and more remote organizational units of it, so it is there that the greatest opportunity and need reside.

3. Agencies and Institutions

Religious organizations have helped to establish and maintain specialized agencies and institutions to serve the aging. These include:

(1) Retirement homes (Wahlstrom, 1953; Christison, 1970).
(2) Hospitals.
(3) Convalescent and nursing-care homes.
(4) Retirement centers or "villages" (Christison, 1970).
(5) Senior citizen centers (Moseley, 1968, pp. 74-76; Administration on Aging, September 1968).
(6) Housing programs (Moseley, 1968, pp. 61-74; Administration on Aging, April 1968).
(7) Sheltered workshops.

Most service projects of these types have been sponsored by groups larger than a local parish or congregation, either within a denomination, or cutting across denominational lines in cooperative interfaith programs. (To discuss the technicalities of how to establish such programs and even to list the specific ones that have been built with official or unofficial church sponsorship would constitute far too great a task and consume too much space to be pertinent in this paper, but a few key references are included as a beginning point for readers who wish to investigate the subject further.)

4. Service Programs

Within the normal operations of parishes and congregations are numerous service programs for the aging, including the following types:

(1) Weekly religious education programs to study the Bible, church history, the relevance of faith to daily life, and other subjects (Culver, 1961, pp. 42-57).
(2) Specialized continuing education programs ("Oklahoma Adult Education," 1970).
(3) Clubs or centers with regular creative and social activities for the aging (Seattle's Columbia Club, 1970; Stough, 1965; Dept. of Adult Program, 1957, pp. 23-28; Pattie, 1965; Stafford, 1967).

(4) Counseling, guidance, and referral services (Brown, 1964).
(5) Summer camping programs and other retreats.

5. Volunteer Service Projects

Volunteer service projects both serve and give an opportunity to many older people to be of service to others. Examples of the kinds of services provided by church groups, frequently in cooperation with others in the community and sometimes with a paid or part-time staff, are the following:

(1) Friendly visiting of homebound, hospitalized, other institutionalized, and isolated people (Goodling, 1967).
(2) Telephone reassurance programs.
(3) Homemaker, home aide, or home health services.
(4) Meals-on-wheels.
(5) Bringing religious services to the homebound by tape recordings or direct telephone line.
(6) Transportation services, including dial-a-ride pools.
(7) Programs by gospel teams, musical ensembles, choirs, and other groups for institutionalized elderly.
(8) Comprehensive volunteer services in hospitals and other institutions ("SERVE Volunteers," 1970).
(9) Adopt-a-Grandparent programs.

6. Opportunities for Service

Churches can give older members opportunities for service. When they are given adequate leadership, screening for assignments, and suitable preparation, churches can help to provide volunteer services of the kinds mentioned above for the aging and other people. Such services would maintain church properties, assist with clerical work, work with children's and youth groups, serve on a "telephone brigade" when special announcements are needed, take care of the church library, represent the church in community programs and inter-church projects, and fulfill numerous other responsibilities related to the church and its programs (Gray and Moberg, 1962, pp. 137-44).

The church also can cooperate with or encourage enlisting in volunteer service programs of other agencies and institutions. Examples of these are VISTA, the Peace Corps, Foster Grandparents, Head Start, Late Start, Operation Green Thumb, home health aides, Senior Service Corps, International Executive Service Corps, SERVE, Second Careers Institute, Medicare Alert, and Project Find (Hanson, 1969; "SERVE Volunteers," 1970).

The volunteer service programs of SERVE (Serve and Enrich Retirement by Volunteer Service) demonstrate that it is possible to get older people to volunteer for programs that provide valuable services ("SERVE's Success," 1968).

When disability or disease prevents giving other services,

> Even when they are personally disabled, they can continue to serve through praying for others, maintaining a wholesome perspective on themselves and their problems, and thus giving satisfactions and cheer to people who serve and visit them. . . .
>
> Service for others and service from others are thus complementary. When offered within a wholesome framework of attitudes and objectives, each helps to improve the effectiveness and efficiency of the other. He who gives the most to his fellowmen is also he who receives the most from them (Moberg, 1970, p. 190).

7. Educational Programs

Religious bodies can offer educational programs for their own staffs and for others in the communities they serve. Their regular religious education programs for people of all ages can and ought to include corrections of stereotypes about the aged, development of wholesome perspectives toward aging, preparation for retirement (a process that begins very early in life), provision of a wholesome outlook on life and the future among the elderly, and cultivation of attitudes at all ages that will help to bridge the generation gap (cf. Gray and Moberg, 1962, pp. 122-27).

Too often, education of the clergy overlooks the special needs of the aging and elderly. Unless attention is given to this subject, it is assumed that there are no differences between them and other adults. In the ultimate sense that is true, but on a more practical and immediate level it can be pointed out that a large proportion of the pastoral ministries of the average clergyman is devoted to the aged and problems pertaining to them. Many older people are facing crises more severe than any with which they have been confronted since adolescence and early adulthood. Misleading folklore about the aged and the aging process needs to be corrected and its subtle influence on the clergyman himself overcome. The fulfillment of Judeo-Christian ethics demands attention to aging in theological education. Clinical pastoral training, units on the aging within pertinent courses already in the curriculum, and other educational experiences can be incorporated into the professional preparation of the clergy (Moberg, June 1970). Continuing education programs similarly can help to improve the quality of pastoral ministries of those who are already clergymen (Report of Career Enrichment Program, 1967).

C. COMMUNITY AND GOVERNMENTAL PROGRAMS

Many of the activities and projects mentioned above represent programs that cut across various types of community services. Comprehensive civic projects cannot be limited to one sponsor or one faith of recipients if they are to fulfill their goals. When they aim to minister to "the whole man," they must include numerous types of needs besides the spiritual—and similarly they cannot include the whole man without giving attention to his spiritual well-being. Nevertheless, it would be superfluous to attempt to cover all types of programs and projects in this paper, so we shall focus upon those that pertain to cooperation with the agencies conventionally designated for and expected to provide spiritual needs.

Coordination of community programs and services for the aging is greatly needed in most cities and counties. When people in need are unaware of services available to meet their need, their spiritual well-being suffers regardless of its specific nature. The infrequency of referrals of emotionally disturbed persons from clergymen and general medical practitioners to psychiatrists may be due in part to the infrequency of reports back from mental specialists when referrals are made (Piedmont, 1968). There is great need for public education to support the discharge of geriatric patients back into the community, even if it may first or always involve use of some type of half-way facility. Without such education the rehabilitation of older patients will continue to lag (Hyams, 1969).

Project FIND (1970) discovered that the "services to enhance life"—friendly visiting, senior centers and clubs which reduce loneliness and stimulate social relationships, help with shopping and transportation, adult education opportunities, and specialized library service—were the most spotty of all. Their availability in a community seems to depend upon the energy and initiative of a few persons and are seldom realized as part of an overall community program of services (Project FIND, 1970, p. 112). By pioneering in specialized areas of need like this and remaining in the context of coordinated cooperative services, churches may be enabled to make their most significant contribution.

Chaplaincy services and spiritual counseling by clergymen for patients and residents of community institutions have a long history, and they are increasingly formalized by paid positions within the institutions themselves. Such services in governmental agencies have sometimes been attacked as a violation of the principle of separation of church and state, but today they generally are seen as means by which the religious liberties of their residents may be maintained.

D. DEFICIENCIES OF PRESENT PROGRAMS

Nearly every specific situation will deviate from the general picture of both services and deficiencies as described in this paper. Yet it is still possible to generalize about these programs and the communities they are to serve. In spite of the large number of services that are already being offered for the aging, the typical community gives evidence of numerous gaps.

1. Lack of Comprehensive Programs

Most communities lack comprehensive programs of services to the aging which coordinate the spiritual ministries of religious institutions with other areas of human concern. Rarely does one find a program of comprehensive coordinated services that includes efforts to meet all needs, including the spiritual, in an integrated program.

2. Duplication of Effort

Duplication of effort is common. Service programs are sometimes established by churches "for the community" because some other church has already set up a similar program, so they feel compelled to keep up with their ecclesiastical neighbors. Churches "need to guard against duplicating what is already being done by the community" (Ohio Division, 1969, p. 21).

3. Shortage of Trained Personnel

There is a shortage of trained personnel. Since no program can be better than the people who administer it, there are serious deficiencies in many specialized projects, institutions, and programs. Most of the clergy have a deficient educational background for their services to, with, and for the aging. The "selling job" of getting the clergy to provide spiritual care to their parishioners and to patients in nursing homes and other residential treatment centers is especially difficult because they are "ostensibly committed and dedicated to working with people and their problems" (Routh, 1970, p. 3).

Personnel to direct special centers, housing projects, retirement homes, social service programs, and other geriatric services are in short supply. The custom of far too many church groups has been to place a prematurely retired clergyman in charge of such specialized services on the assumption that his love for mankind, personal piety, and desire to serve are adequate qualifications.

4. "Charities" That Don't Serve the Poor

Church sponsored "charities" may fail to serve the poor, reaching only middle and upper-middle class people. This is an especially important problem in the major Protestant denominations, which tend to be dominated by middle class people. In many instances there has been a genuine intention to establish a program to serve all classes of people, but the relatively small number of lower class constituents, their lack of leadership, and the conspiracy of mounting costs combine to prohibit extending services to the victims of poverty. Even when

there is no economic barrier, large numbers of poor people fail to learn about services available to them, as was demonstrated in the Project FIND (1970) study. This limitation also applies to noncharitable, but free programs, like church activities. The poor are less likely to be involved in these as well. To make its opportunity truly community wide, a church must extend itself far beyond its own members.

5. Ulterior Motives

Ulterior motives may characterize some projects established ostensibly to provide services for the aging. Churches may seek thus to get larger donations, more members, publicity, or other benefits. Individuals who contribute may actually use "those unfortunate people" to satisfy their personal desire for a sense of superiority. Persons may enter the helping professions because of personality deficiencies or problems of social relationships which they believe will be resolved by studying how to satisfy the needs of others.

6. Exploitation of the Aging

Closely related is exploitation of the aging. Charitable and religious ventures of honest preachers who take "love offerings" and "voluntary freewill gifts" from their mass media audiences cannot be differentiated by the average person from those of unethical persons who use the same techniques with only fly-by-night service projects or "paper tiger" organizations. There is no "Consumer's Guide to Charitable and Religious Ventures" to help victims avoid being fleeced. When traveling "evangelists" or others are discovered to be cheaters, technicalities of the law or the fear of unpleasant consequences prevent prosecution and publicity which presumably could help to reduce the incidence of such abuses in the future. A question remains, how can the public be protected without hampering valid innovative projects and honest religious programs?

7. Concentration on Institutional Services

Concentration on institutional services to the aging is typical among churches. Their special outreach tends to be limited to financial support of a retirement home and ministries to nursing home patients. The majority—about 95 percent—of the aged reside outside of such institutions, however, so the greatest needs are for ministries to those who live in the community.

There has been a very strong trend over the past half century away from institutional care for dependent children, and toward services in foster homes and the community at large for dependent children. Much more attention is needed to similar services for the aging (Coughlin, 1969). Why can they not live in foster homes as well? Why must they be institutionalized as soon as even a small degree of specialized care becomes necessary? Why should they not receive home care services and thus avoid the high costs of institutionalization and receive the spiritual and psychological satisfaction of continuing to reside in their home communities? Should not the churches be pioneers in such services, even as they have pioneered other beneficial innovations in the past? Even as community treatment of the mentally ill, problem children, criminal offenders, orphans, and children of unmarried or divorced mothers is more effective than placing all in institutions, expansion of community services for the elderly may prove highly beneficial to their well-being.

8. Limitations on Freedom of Choice

Freedom of choice is limited for too many aging people. Programs are planned <u>for</u> them instead of <u>with</u> them. They are given an opportunity to receive but not to give. When they are in an institutional context, they are free only to say "Yes" or "No" to the limited

spiritual services provided (if any are provided at all) and may find it difficult to get the religious rites and pastoral care of their own faith. Similarly, if their only choice when ill is to remain at home without any special services or enter a nursing home or hospital, when home health care services could have made it possible for them to remain in the community, they have been constricted to an unfair decision that is demeaning and detrimental regardless of which choice they make. Similar constrictions of choice also result from limitations of transportation due to limited income, which may prevent the aged from attending the worship services of their first choice.

9. Omission of "the Religious Factor"

"The religious factor" often is omitted from public agencies and programs, thus making it difficult to provide a well-rounded program serving the spiritual well-being of clients. Residential and health care programs and research may lack recognition of the spiritual because of traditional American concepts of separation of church and state. While there must be safeguards to prevent abuse of public funds for sectarian gain, there must also be safeguards to guarantee true religious liberty to the people served by such programs.

10. Overlooking of Spiritual Needs by Churches

Churches may overlook spiritual needs as they become aware of other problems of the aging and initiate projects to deal with them. If religious bodies evade this responsibility, who else will fulfill it?

11. "Institutionless Religion"

The spread of "institutionless religion" in the form of "underground churches," cell groups, and other developments may create significant problems. As major religious bodies decline in size and financial support, the question arises whether they can continue to provide services to meet the spiritual needs of the aging. Can spiritual life be nurtured and sustained apart from some form of religious institution, it may be asked. If so, how? If not, should steps be taken to prevent religious institutions from declining? How long will noninstitutionalized religious orientations endure if they do not result in new institutional structures? Perhaps concepts of the "gathered church" to which people come for worship, inspiration, and instruction and the "scattered church" of which they are a part most of the week can provide a mediating role.

12. Misunderstanding the Church's Nature

Misunderstandings of the nature of the church cause difficulty both within religious bodies and in their relationships to other institutions. Christians frequently refer to "the church universal" as if it is an institutional agency, but in reality the "institutional church" is the only tangibly observable focus of human action. Made up of people, it is a very earthy organization, but it also is a "a multifaceted agency, doing some things uniquely and some things that other agencies also do" (Hammond, 1969, p. 313). Made up of hundreds of denominational units and thousands of local congregations and parishes, the church is a very pluralistic and widely diffused social institution (Moberg, 1962). It cannot be treated as a unit. Rather, its local and denominational branches must all be considered as separate units, although interlocking in various manners and degrees.

13. Lack of Preventive Components

Most programs lack preventive components and deal instead with problems after they have risen to the level of awareness. There is a need for spiritual ministries oriented to helping people so that problems of alienation, lack of life goals, meaninglessness, and other forms of spiritual malaise can be prevented. Churches assume that this is what they are doing all the time, but they make little or no effort to evaluate whether or not they achieve that goal. Preparation for retirement, day care centers, and other supportive services to enable older persons to maintain themselves independently in their homes and communities as long as possible are other aspects of preventive care which tend to be underdeveloped (Maletta, 1969). Bringing youth into closer association with the aged could, in this author's opinion, help considerably to overcome many false conceptions and to improve social relationships across the generation gap.

14. Accentuation of Problems by Church Programs and Personnel

Church programs and personnel may accentuate problems among the recipients of their services. We have already noted that unresolved guilt feelings may result from religious teachings, that clergymen may use their rituals to avoid listening to people's problems, and that many older people feel they are being squeezed out or discriminated against in their churches. The increasing popularity of the concept of "spiritual healing" in recent years has also created difficulty when clergy or laymen who believe they have been given the power to heal a hospital patient by the "laying on of hands" or anointing with oil have soiled the bandages over fresh surgery or have placed unclean hands on third degree burns.

The frequency of visits by a minister to a hospital or nursing home patient may also lead to anxiety or comprise a self-fulfilling prediction that the patient is about to die.

> The vicious circle of noting the frequency of his visits—which causes depression and introversion—which causes lack of appetite and loss of sleep—which causes the patient to appear, and actually to become, weaker, which causes the minister to determine to visit more often—may well have shortened the lives of many patients by months or even years (McKewin, n.d., p. 7).

15. Lack of Strategy

The lack of strategy may be the greatest deficiency of all, for it encompasses most, if not all, of the others. The development of a strategy will confront questions of whether it is more desirable to integrate the aging into regular programs aimed at promoting spiritual well-being or to segregate them into activities specifically designed to meet their needs. The controversy over the disengagement (Cumming and Henry, 1961) versus the activity theory (Rose, 1965) of aging and their implications for action becomes an aspect of this question for which there is no clear empirically demonstrated answer (Mobery, 1965). Another facet involves the tensions between instrumental and expressive orientations to religious activities (Hammond, 1969, pp. 303, 314-19).

Clear elaboration of goals, a survey of older persons in the congregation and community and of their needs, discovery of means for meeting those needs through existing agencies and programs, identification of remaining gaps in services and of corresponding resources available, and mobilization of resources for systematic action are among the elements necessary as a basis for developing systematic and coordinated church programs to meet the spiritual and other needs of the aging.

When an adequate strategy based upon a rationale that is clearly linked with an organization's ideology has been developed, choices about specific alternative means and goals

can be made systematically and consistently. Then all of the needs of the whole man in the totality of his relationships will be met, for

> . . . The truth is that man's vertical relationship, God-to-man, and man's horizontal relationship, man-to-man, are all of one piece. Another premise in our approach to the aging is that the individual is always individual-in-community. A concern for the individual implies a concern for his community and his environment. In modern society the community-as-a-whole is needed to enable the older person to maintain his rights, to retain mastery, and therefore, to develop his potential. . . .
>
> [It] is the responsibility of a religious group to develop social awareness and to stimulate social responsibility. This is the religious group becoming a catalyst, helping to develop a social climate, and engaging in social action (Monk, 1966, pp. 37,38).

V. ISSUES

This presentation of issues related to spiritual well-being is based upon several assumptions:

(1) Man is a whole being who can be taken apart only for analytical purposes. Therefore, whatever affects his welfare in regard to health, income, housing, education, employment, transportation, nutrition, roles, and activities will also affect his spiritual welfare. Those subjects are covered in other background papers, so our attention will not be focused upon them. However, this should not be interpreted as implying that such subjects are irrelevant to spiritual well-being.

(2) The financial status of the aging is significantly related to spiritual well-being. An adequate income is essential, among other things, in order to provide transportation and meet the other expenses necessary for active involvement in the religious groups which nourish the faith and restore the spirit of many people. We recognize, of course, that an understanding of how to use income is just as essential as the income itself, that some people with strong inner resources or physical handicaps are better off remaining at home instead of going outside it, that it is not necessary for all older people to be directly involved in formal groups in order to be well-adjusted spiritually, and that spiritual well-being is not an automatic result of having adequate financial resources. (Numerous wealthy people have poor spiritual health and few spiritual resources, while many of the poor are rich in spirit.) Nevertheless, important resources for sustaining and improving spiritual well-being are unavailable to people who live in or on the brink of poverty. We are assuming that the important subject of income maintenance during retirement will be dealt with adequately in our society.

(3) Senior citizens who are in good spiritual health do not need as much special concern as those who lack spiritual well-being. Services for the five percent who are institutionalized are important; many of them have proportionately greater needs than most of the 95 percent who live "independently" in the community. Nevertheless, the greatest need, quantitatively speaking, may be for outreach programs to find isolated older people who are frustrated, frightened, and spiritually impoverished in other ways. We therefore assume that the mechanism by which spiritual needs can be met must not be limited either to those who are institutionalized or to those who reside elsewhere, but must include all.

(4) Organizationally speaking, care for spiritual well-being has been allocated by our society primarily to religious institutions. Although the family, cultural and recreational organizations, and many other associations also contribute to spiritual nurture, we will assume that religious bodies are the most significant institutional focus for attention in efforts to promote spiritual welfare.

(5) Freedom of choice should be maximized in all efforts to help the aging meet their needs for spiritual well-being. Viable alternatives should be placed before them, not rigid programs which allow no choice. The fact that the aged display a broad range of personal differences both in needs and past experiences confirms the importance of providing them with diverse opportunities for meeting spiritual needs.

(6) Spiritual well-being is a lifelong pursuit. Its development begins in childhood. The benefits of good spiritual health and the detriments of spiritual illness during the earlier years are reflected in the later years of life, but continued spiritual growth is possible throughout the entire life span. Therefore, every reasonable effort should be made to encourage such growth during old age as well as in the earlier developmental stages of life.

(7) Research is needed on all aspects of spiritual well-being. We need a clearer understanding of its nature and scope, the influences that promote and hinder spiritual growth and development, the conditions and manner in which adversity and prosperity stimulate and retard spiritual well-being, relationships between spiritual and other inner resources, and a large range of additional topics besides those to which references are made in the discussion that follows. As a highly underdeveloped field of social and behavioral science research which cuts across all the other areas of human need, this subject deserves thorough research attention and extensive financial as well as moral support.

Given these seven assumptions and the goal of establishing policies to promote the spiritual well-being of the aging and elderly, four basic issues demand resolution. They pertain to (1) governmental cooperation with religious bodies and other private agencies for the purpose of promoting spiritual well-being, (2) whether spiritual needs of the aging are met best in separate groups and programs in contrast to those which are for people of all ages, (3) the proper scope of social involvement by religious organizations, and (4) whether or not there can be a "Declaration of the Universal Spiritual Rights of the Aging" to serve as a guide to concerted action on behalf of the well-being of older people.

Issue 1.

Should government cooperate with religious bodies and other private agencies to help meet the need of the elderly for spiritual well-being? Or, should this function be kept entirely as the responsibility of religious institutions?

The Constitution of the United States establishes the principles of separation of church and state and religious liberty in the First Amendment, which includes these words: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof . . . ." Contrasting interpretations of this Amendment and of related provisions in State constitutions are related to contrasting positions on the issue of governmental cooperation with religious groups to promote the spiritual well-being of the aging.

The principle of separation of church and state is emphasized by those who say that government should in no way lend its support to religious institutions. They believe that such assistance aids sectarian causes and is a step toward establishing a religion. They charge that cooperative activities would inevitably and irrevocably constitute support by government to Protestant, Catholic, Orthodox, Mormon, Jewish, or other faiths.

The contrary position contends that governmental support would be for the spiritual well-being of individuals, not for the benefit of religious institutions as such. Its advocates believe that focusing upon the spiritual needs of persons in such cooperative programs will prevent abuses. Yet questions arise as to whether complete impartiality and justice to all religious groups would be possible if governmental funds were dispensed through them. It also is conceivable that tax-supported programs in churches eventually could lead to dependence on such funds for survival.

The position that favors cooperation of government with religious bodies to meet the need for spiritual well-being is supported by the belief that government should take an active

rather than merely a passive role in protecting the free exercise of religion. It is argued that elderly persons who reside in institutions because of their illness or frailties should be given access to the help of professional religious leaders, just as the government provides for chaplains in prisons and the military services in order to give spiritual benefits to people who are isolated from normal opportunities for religious worship and spiritual counsel. A basic question posed by this issue is whether government has any specific responsibility for the spiritual well-being of its citizens and, if so, whether its responsibility extends to all or only to those in agencies and institutions which receive governmental aid. When financial assistance is given by government for the establishment or construction of institutional facilities to care for the aging or for the payment of care through Medicare and Medicaid, has it a responsibility also for making certain that spiritual as well as physical needs of those who use such services are met?

Similarly, it is held that churches have resources which could be used by the government to enhance the welfare of older people, and government has financial and other resources that could assist the churches. For example, opportunities for research on spiritual problems of the elderly could be extended to scholars in theological schools. Currently the situation is otherwise; in spite of the increasing cooperation of theology with public universities and with each other through consortia which cut across sectarian lines, such schools generally are excluded from eligibility for Federal research grants. As a result, their scholars, who are among those most capable of studying the various components of spiritual well-being of the aging, are deprived of support from public research funds. Cooperation between the government and religious bodies would help to correct that deficiency.

Others, however, oppose governmental cooperation with religious bodies in order to promote spiritual well-being on the grounds that it would result in political encroachment upon the right of religious bodies to guide the spiritual lives of individuals and the nation. The integrity and independence of churches would be threatened if government laid down certain conditions for, or standards of cooperation. But those who advocate cooperation argue that leaving the implementation of cooperative programs entirely in the hands of religious institutions will avert the danger of making government become a judge of religious values and practices.

Those who support governmental cooperation with religious groups to promote spiritual well-being argue that neither government nor the church need dominate or dictate to the other; each can retain its own distinctive role. In our pluralistic society divergent religious groups must live side by side and lend their resources to each other in order to preserve and enhance human values, including those of spiritual well-being. If standards for specific programs of cooperation are not acceptable to one party or the other, there would not need to be any compulsion to enter into a compromising relationship.

In summary, those who take the position that the responsibility for spiritual well-being resides solely in religious bodies emphasize the need to sustain the separation of church and state and the possibility that cooperation would violate the constitutional prohibition of any law respecting an establishment of religion. They also indicate the government's difficulty, if not impossibility, of being completely impartial and just to all religious bodies if cooperative programs are established, and they fear governmental control over activities of the churches.

Those who believe that government should cooperate with religious bodies to help meet the need for spiritual well-being of the elderly hold that the responsibility of government to promote the general welfare includes a need to protect the free exercise of religion actively as well as passively—thus necessitating governmental support of spiritual activities and religious personnel, especially in institutions and programs for the aging which are supported in whole or in part by government funds. They believe that such cooperation would not involve compromise by either party and that the focus of such efforts would be upon the welfare of persons, not the welfare of religious institutions.

The validity of the respective arguments for and against cooperation between the church and the state in meeting spiritual needs of the elderly must be resolved in order to define a policy that will prove the most beneficial to the aging and the elderly.

Issue 2.

> **Should efforts to meet the spiritual needs of the aging aim to serve them in separate groups and programs designed specifically for the aging? Or, should they attempt to serve the elderly together with people of other ages?**

Religious institutions generally assume that whatever is available to serve "everybody" will adequately serve the needs of the aged. Is this a valid assumption? Do the elderly have spiritual needs that are neglected when religious bodies maintain only generalized programs for all ages?

At the other extreme are nursing homes and other residential facilities which are "total institutions" (Goffman, 1961) with all of their specialized characteristics, limitations upon human freedom, and other problems. Is any policy, other than segregated efforts to meet spiritual needs, possible for people who reside in them? When senior citizens are separated into specialized groups in their religious institutions, they may become singled out and segregated from others. This may result in heightened awareness of their common interests, cliquish behavior and attitudes, and increased barriers between the generations, out of which may emerge a relatively segregated subculture of the aging (Moberg, 1965; Rose, 1965).

It thus appears that each policy has possible flaws. Is a middle-of-the-road position with some activities integrated and some specialized the best solution? The experimental program of psychiatric hospitalization of husbands and wives together at the Menninger Foundation suggests the wisdom of "relative segregation," which provides some activities with only older people and some with people of other ages (Thompson and Chen, 1966). Do its results apply to non-therapeutic programs? Are the specialized Bible classes, day centers, golden age clubs, and other activities of churches for the aging examples of undesirable segregation? And do the activities of candystripers, visits by grandchildren, and dining rooms which are open to visiting relatives in homes for the aged constitute a wholesome form of integration of the age groups?

Does the separation of the elderly into their own age groups enhance or decrease their spiritual well-being? What is the relative impact of segregating the aged from others in church programs in contrast to integrating all ages? Is it a form of *de facto* discrimination that contributes to the tensions and conflicts between the generations? What impact does it have upon fulfilling the spiritual needs of the aging? Research and demonstration projects to test the effectiveness of each possibility under reasonably controlled conditions might help to answer these questions. Evaluation research analyzing natural situations in which each of the alternative policies prevails could also help to answer them.

A parallel question also deserves some attention. Is the integration of spiritual perspectives into all programs of education and service for the aging a superior approach—based on the criterion of the spiritual well-being of recipients and providers of the services—than segregation of the aging into specialized programs focusing specifically upon "the spiritual"? How and by whom may educational and other services which include an acknowledged spiritual component for the aging be provided?

Since sheer proximity of the generations does not in itself foster social interaction (Rosow, 1967), does it matter whether segregation or integration becomes the general policy? Are older people more likely to be lonely even while in the crowd of church-attenders if the policy of segregation prevails? Are they more likely to disengage from spiritually meaningful and rewarding social roles in their religious bodies if integration of the age groups is the policy? Which policy has the more wholesome impact upon attitudes of youth, young adults, and the middle-aged toward the elderly?

Issue 3.

Should religious organizations restrict their concern to the spiritual sphere? Or, should they be concerned with both spiritual and social concerns?

We indicated earlier that the "spiritual" aspect of man's well-being overlaps with all other aspects of his life and cannot be restricted arbitrarily to any narrow context. Since churches are the primary institutions that work on spiritual needs, their teachings tend to sweep across all other aspects of life. This is especially true as they provide a Weltanschauung (worldview) and a philosophical orientation on the basis of which the totality of existence is interpreted, both internal and external to the person and future as well as past and present.

A current controversy in many churches today is between advocates of the role of religion as a source of comfort to the individual believer and those who stress religious ethics as a stimulus to action in coping with the problems of society (Glock, Ringer, and Babbie, 1967; Hadden, 1969). Services to the aging can easily become another battleground in that war unless a balanced program of action can somehow win over advocates of both camps. But is that possible? Under what conditions? Is it better for churches to emphasize their roles of preaching and teaching, leaving direct social action aimed at coping with social problems and eliminating social injustice entirely in the hands of their members as individuals? Or is it necessary for them to become directly involved in social action as institutions?

If a church specializes in serving the needs of older people for nutrition, supportive volunteer services to maintain people in their homes, psychological counseling, social services, recreational programs, retirement preparation, group-work services, and health care—has it ceased being a church and become a social agency? Or is that precisely what churches as churches ought to do?

Obviously, the question of what "ought" to be done or not done in religious bodies gets us deeply into an area of theology which cannot be resolved by those who stand outside the boundaries of a specific group. Work on a theology of aging, a theology of the church, and a theology of serving should progress much more rapidly and much further within each faith and each of its theological schools of thought than it has in the past. Comparisons of the conclusions and their implications then should be made across the faith boundaries to determine whether or not there are common elements in all religious groups. Such work will not progress very far without adequate support from religious bodies and other agencies concerned with this issue, but the primary locus of such studies is likely to be theological schools and universities with theological departments.

If the church gives up the ministries conventionally labeled as spiritual, will any other agency fill the gap? It is not the role of government, public schools, or other institutions. If churches abdicate this role, it is probable that commercialized services would be developed with more concern for making money than for truly altruistic purposes. The church is known today as an institution which provides many services for the elderly. Are the flaws of church neglect of the aged so serious that it can afford to jeopardize other values by efforts to correct past mistakes?

Issue 4.

Should religious bodies working together determine and declare the spiritual rights of older people? Or, should such philosophies continue to be the responsibility of the various religious bodies?

If a "Declaration of the Universal Spiritual Rights of the Aging" were prepared, it would contribute to the development of a national philosophy of aging. Cooperation of the various religious bodies in developing a nonsectarian philosophy would contribute to popular acceptance of the declaration as a foundation for public action. Emphasis upon the spiritual

dimension would insure that the philosophy covers all aspects of the whole man—not only those aspects that are physical, material, and intellectual. A truly universal declaration should be the product of joint efforts by theologians, philosophers, social and behavioral scientists, and members of the helping professions representing all organizational branches of Protestantism, Catholicism, Orthodoxy, Judaism, and the other religious bodies in the United States.

The alternative is to perpetuate the present diversity of opinions which flow from the separatistic approaches that prevail as each group develops its own theological and philosophical perspectives. This may be more reasonable because such great variations prevail between the theological and philosophical schools of thought which are found both within and between the major religious faiths. Efforts to work together to develop a universal declaration of spiritual rights could consume a generation of time and vast amounts of effort and fiscal resources. It also would be very difficult to determine what public or private group should convene representatives from the various religions to undertake such a profound task.

One of the leading functions of religious bodies for society is to lead in the formulation, development, and modification of values. Since spiritual well-being cuts across all other aspects of human welfare, including the need for income, health, housing, employment, education, transportation, nutrition, and roles and activities—identification of the universal spiritual rights of older people would contribute to all the other areas of human need. The development of a universal declaration of spiritual rights, therefore, would constitute a major contribution to spiritual leadership in our pluralistic society, a society which professes in its Pledge of Allegiance to be "one nation under God."

On the other hand, the attempt to produce such a declaration might actually result in further splintering of the religious bodies because sharp disagreements could emerge out of the divergent theological and philosophical positions held within and between them. Such schisms probably are felt most keenly by those who have been in these groups the longest, so they could contribute to more spiritual ill-being than health among the elderly. It therefore may be wise not to risk the possible controversies that could spring from attempts to develop a universal declaration of spiritual rights.

A major argument in favor of a cooperative declaration of the spiritual rights of older people is the impact it would have upon the protection of such rights. It could be used to clarify and test the ways in which each of the respective rights is or is not being fulfilled in specific situations. It would reveal programs, practices, and policies which violate, as well as those which fulfill, man's spiritual rights. Thus it could serve as a set of criteria for evaluative efforts to measure the relative status of spiritual well- or ill-being of older people.

But for that very reason, such a declaration might infringe to some degree upon the liberty of religious bodies, putting them under social pressures to acquiesce to practices or programs which might violate sacred traditions and contradict their theological doctrines. Defense of the autonomy of all religious groups in our pluralistic society might therefore suggest the advisability of letting each religious body develop its own philosophy of the spiritual rights of older people.

Since the value judgments that undergird all public and private decisions are, in the final analysis, largely, if not entirely, spiritual—the satisfactory resolution of this issue will contribute to the fulfillment of all the other needs of the aging.

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